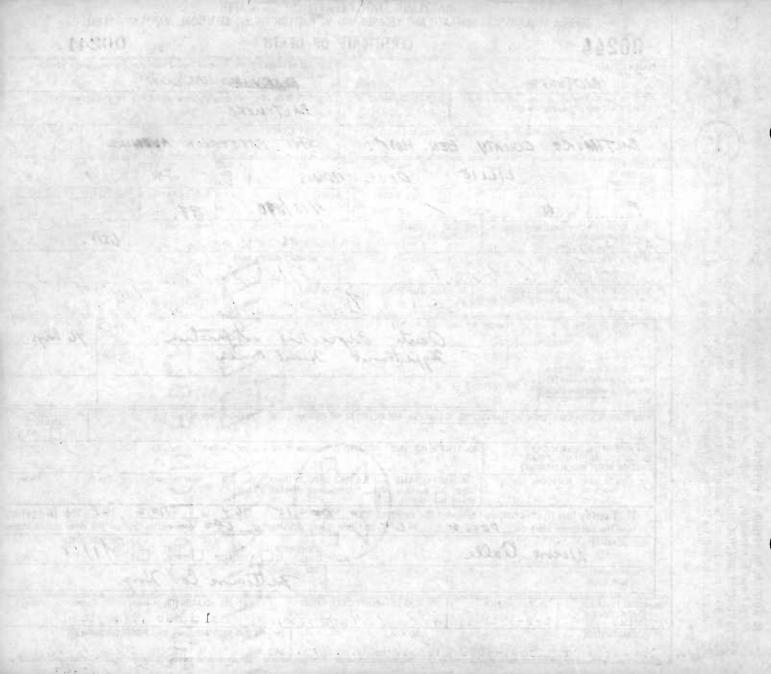
×	NA	1	00012	DIVISION OF	VITAL RECORDS, 30		REET, BALTIMOR	TH RE, MARYLAND 212	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	
	(IVI)	L	00243			RTIFICATE OF	DEATH		00240	
( 1	and 2 death	(	Type or print) Ch	rles -	Middle Thomas	lost Aberts	Sr. 2a.	DATE OF DEATH	Day Year 8	
		3. S	Male	4. RACE Whi	te	S. DATE OF B 5/17	IRTH /1908	6. AGE (In yea last bighday)	YRS. IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN
0	d in by sers. P 72 hour	7o.	BIRTHPLACE (State or foreign ntry) Baltimore	7b. CITIZEN OF WH		MARRIED NEVER MAR	RRIED 9. CO	UNTY OF DEATH	Balto.	٨
	e executed within 24 hours affer ond completely filled in by the fur remove corbon popers. Pages 1 n any event, within 72 hours after	10.	CITY OR TOWN OF DEATH Baltimore	11. NA give s	ME OF HOSPITAL OR INSTIT	UTION (If not in hospitol	120. USUAL OCC	UPATION (Kind of work working life even if set	done 12b. KIND OF INDUSTRY OWNER	BUSINESS OR
	omplete	13a. odm	USUAL RESIDENCE (Where de ission) NEGATE	ceased lived, if institution 13b. COUNTY	. / 1	Baltimore	13d. INSIDE CITY LIMITS?  YES NO NO	13e. STREET AND NUMB 2906 Pinew	ER	
	nd co	14.	FATHER'S NAME First	Middle	Lost	1S. MOTHER'S M.	AIDEN NAME First	Mid		Lost
	se r		William				Mary	C. Grael		
	rhiticate bhysicia en pleo ivol, an	160	(lt yes	ARMED FORCES? give war or dates of service)	16b. SOCIAL SECURITY NO. 2I 3-05-094		M. Abert	s Same		WATE INTERVAL
-	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after Poge 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fudirector, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages I should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours after the prior to buriol, cremotion, or removal, and in any event, within 72 hours after the prior to buriol, cremotion, or removal, and in any event, within 72 hours after the prior to burior.		IB. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUMAN Conditions, if any, which go rise to immediate cause (stating the underlying coulast.  PART 2. OTHER SIGNIFICANT	USED BY:  DUE TO, OR A  ONE  ODUE TO, OR A  ODUE TO, OR A  (c)  C	ulmonary em s a consequence of ealing myoc s a consequence of oronary art	ardial infa	sis	ION GIVEN IN PART 1(a)		NSET AND DEATH
-	SICIAN: The low rec repital or attending fretificate has been s and for use as the b t. of Heolth prior to b	CERTIFICATION	19a. DATE OF OPERATION	96. CONDITION FOR WHI	CH OPERATION WAS PERFO	ORMED 20a. AUTO		20b. IF YES, WERE FIND CAUSES OF DEATH?	INGS CONSIDERED IN CE	RTIFYING
	pital or pital or rrificate d for u of Heol	MEDICAL CER	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF (If either, notify medical ex	DEATH HOUR A.M. P.M.	Manth Day Year			e af injury in Port 1 or P	art 2, Item 1B.)	
	by the hospii (fter this certi be detoched State Dept. of	W	at wark at wark			Y.) 21f. LOCATION Street		City or Town	Caunty	State
	TO HOSPITAL OK ATTENDING Poge 4 may be retained by the FUNERAL DIRECTOR: After director, poge 3 should be constituted by the State should be filed with the State	1	22a. I certify that (X) saw the decease couses stated ab	(this hospital) atte d alive an 23 ove, (1) (we) (did) (	inded the deceased 1996 (did not) view the bo	from 12/19 , and thot in (m dy ofter deoth.	, 19 <u>.67</u> ., iy) (our) opinion	ta_1/23 death occurred on t	_, 19 <u>68</u> , that he date and haur (	X() (we) la and from th
	D HOSPITAL OR ATTENI Poge 4 may be retained D FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22b. SIGNATURE	~ 90	my	DEGREE ATTENDI	☐ DIRECTO	STAFF PHYS.	22c. DATE SIGNED  January 24	,1968
	A may NERAL Itor, po				isanik, M.I		O York Rd		Md. 21204	(6)
	Poge direct short	B		3b. DATE I /27/68	Parkwoo	METERY OR CREMATORY od Com.		Balto.		(State) Md.
	VR A15 (4) 3 30M REV. 1/68		funeral director Leonard J. Ru	ck Inc. Ba	ADDRESS  1to. Md.		DATE JAN 2	5 1968 FEGIS	TRAR'S SIGNATURE	gre .

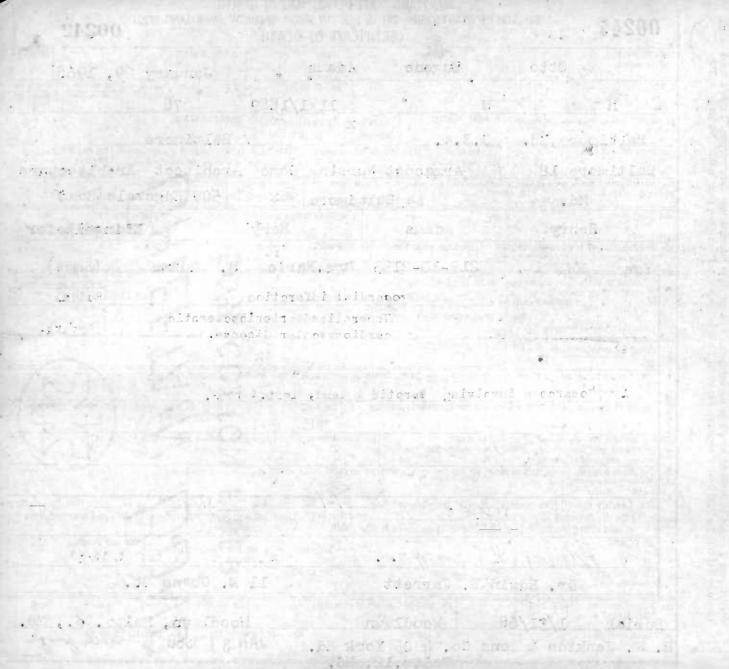
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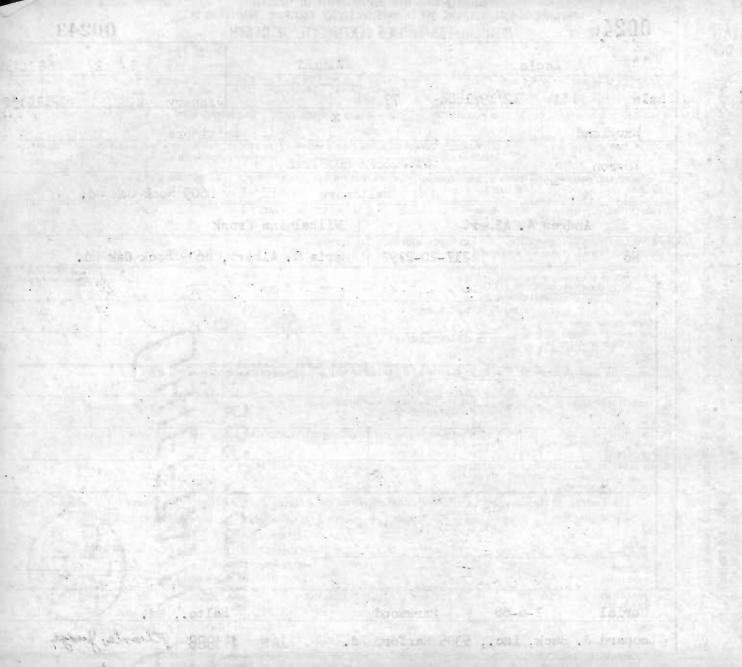


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00245 00242 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death (Type or print) Otto Month Eugene Adams January 4. RACE S. DATE OF BIRTH 6. AGE (In years 3 SEX lost birthdoy) 11/1/1889 W 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED Baltimore, Md. U.S.A. WIDOWED [7] DIVORCED [ Baltimore and completely filled remave carban pap event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR t address)
Armacost Nursing Home Architect Architecture give street address) Baltimore 12 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b COUNTY YES NO 509 Edgevale Road Md. Balt imore physician ond or 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Lost Henry Klingelhofer Adams Marv 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) 219-10-2153 Mrs Marie H. Adams 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:

Myr. BETWEEN ONSET AND DEATH Myocardial infarction Sudden IMMEDIATE CAUSE (o) \_ DUE TO, OR AS A CONSEQUENCE OF Generalized arteriosclerotic Conditions, if ony, which gove ) ?vears. O FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 shauld be detached for use as the burial-transit cardiovascular disease. rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Lymphosarcoma involving parotid g land, left. 1966. 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO | 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram 4/4/39, 19, ta 1/29/68 saw the deceased alive an 1/23/68 , that (I) (we) last \_\_, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated gbave, (1) (we) (did)-(did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. X 1/31/68 M.D. DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S 11 E. Chase St. Dr. Edwin B. Jarrett NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) Woodlawn . Balto . Co . Woodlawn 1968 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR H. W. Jenkins & Sons Co. 4905 York Rd.



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	HEALTH DEPT	1 0		irst		idle	Lost	L OI DEATI	2o. DATE KNOV		Doy	Yeor 2b. HOUR
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	-	3. S			OF BIRTH	6. AGE (In yea		The second second	DEATH MATE		41	2d. HOUR
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	> 6		BIRTHPLACE (Stote or foreign		OF WHAT COUNTRY?	1 -	MARRIED NEVER	MADDIED 0 CC	January DUNTY OF DEATH	2.		19 68 10:30
1	De De		htry) Maryland	70. CITIZEN	OF WHAT COUNTRY!		-					
	ges for	10 (	ITY OR TOWN OF DEATH		11. NAME OF HOSPIT		-	-	Baltimore OCCUPATION (Kind		12b. KINI	D OF BUSINESS OR
	deol with with	10.	Towson		give street oddress	T.JOSE	PH HOSPIT	AT during most	of working life, ev		INDUSTRY	
	er g Sive ng h th	130.	HISHAL DESIDENCE /Whore do	eosed lived. i	f institution: Residence	e hefore 13c. C	ITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND	NUMBER		
	hours ofter Item 18. Gis Office alang Land 2 with ofter death.	0	dmission) STATE Md.	13b. CO	UNTY /		Ltimore	YES NO	8609 R	ock Oak	Rd.	
	m l fice nd 2		ATHER'S NAME First		Middle	Lost		MAIDEN NAME Firs		Middle		Lost
	d within 24 hours offer deoth In pencil in Item 18. Give Pages 1, 2 Exominer's Office along with form File pages 1 and 2 with the State Depoin 72 hours offer death.		Andre	w A. A	lbert		Wilhe	lmina Fra	ank			
	hin 24 ncil in niner's pages hours	160.	WAS DECEASED EVER IN U.S. ARM	ED FORCES?	16b. SOCIAL SE	CURITY NO.	17. INFORMANT			ADDRESS		
	withi pend xomii xomii 72 h	()	es, na or unknown) (If yes	give war or dates of	217-20	2792	Maria	C. Albert	t, 8609 I	lock Oal	Rd.	
	in Fill Fill		18. CAUSE OF DEATH (Enter	only one cou	se perline, for (a), (b),	and (c).)	1	0 /	/	, ,	AF	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	rmit vith		PART I. DEATH WAS CA	JSED BY: EDIATE CAUSE	~ 10,1	5 1	lecha	e let	and a	chen	7	viden
	exe mer mer nt v		885×		TO, OR AS A CONSEQU	JENCE OF	from	401	, /	1	7	00//
	"pe "per ansid		Conditions, if ony, which gov rise to immediate couse (c		(b) (on	/US	lan O	ESK	011	0	1/0	1475
	ord ord e Cl ol-tro		stoting the underlying cou		TO, OR AS A CONSEQ	JENCE OF				-	)	
	sho e w o th ouric	09	lost. 9030	- )	(c)							
	bical EXAMINER: This certificate should be executed within 24 hours ofter death se execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, ctor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form ned for your files.  ECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State De burial, cremation, or removal, and in any event within 72 hours ofter death.		PART 2. OTHER SIGNIFICANT C	ONDITIONS COL	FRIBUTING TO DEATH	BUT NOT RELAT	ED TO THE TERMINA	L DISEASE OR CONDIT	TION CIVEN IN PART	1(0)	1	1)
	rific iting orde d os d os	NO	7-	ell	en	face	1000	100	Mule	my	Con	9
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	This offer the feet of the fee	ERTIF	210. EXTERNAL GAUSE WAS	loss	TIME OF INJURY Month,	F	VESS L	OCCURRED (Enter na	neld.	ValV	7	YES NO O
	triffic Ild b ould	MEDICAL CERTIFICATION	PRIMARY OR CONTRIBUTION	G 🔲 216.	HOUR A.M.	100	ZIC. HUW INJURY	OCCURRED (Enter no	fure of injury in Po	or For Z, I	1em 16.)	
	NER Ner Schou shou siles sho ation	MEDIC	CAUSE OF DEATH		P.M.	19 street	21f. LOCATION Str	et or R F P No	City or Tov	/D 0/	County	/ State
	the the sour the source that so is the source tha		WHILE NOT WHILE AT WORK AT WORK	foctory, office	NJURY (At home, form building, etc.)	Smil	1. 868	PRA	6 Onk	fd 1/3	24	mano Mil
	DEPUTY DICAL EXAM stessory, please execute the e funeral director. Poge 4 may be retained for your FUNERAL DIRECTOR: Page polth prior to buriol, crem		22a. I certify that	I took char	and the remains	doscribad ab	ave hold are A	itansy 1	nspection Z	Inquiry [	7///	nd in my apinian
	ry, please exect bard director. Po be retained for RAL DIRECTOR: I prior to buriol,		death resulted from					Hamicide				id in thy apintan
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	o DEPUTY SICA necessory, please exthe funeral director. 5 may be retained to FUNERAL DIRECTORY PROJECTORY PROJ		NAME (Type)	x/le	STO	11/0	revol1	ADDRESS(Street, city,	town, or county) 🤊	7501	Vari	ERd 2129
	necessory, the funera 5 may be TO FUNERAL Heolth pr	230		3b. DATE	23c. 1	NAME OF CEMET	ERY OR CREMATORY	23	Bd. LOCATION (City	or Town)	(County)	(Stote)
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	1610	24.	FUNERAL DIRECTOR	1		ADDRESS	70.1	25o. REC'D BY F	and the same of th	Sb. REGISTRAR'S		it.
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DIVISION OF WITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 2 00245 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. DECEASED-NAME First 20. DATE KNOWN 2b. HOUR (Type or Print) ESTI-19 68 iny delay is 2, and 3 to PM3. Poge Jan RAYMOND ALLEN DEATH MATED AGE (In years last bushday) 45 YRS. IF UNDER I YEAR 4. RACE S, DATE OF BIRTH IF UNDER 24 HRS. 3. SEX 2c. DATE PRONOUNCED DEAD 2d. HOUR 6/6/21 Month Doy January 6 P. Negro Male. 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH "Virginia USA WIDOWED [ DIVORCED [ BALTIMORE Poges 24 hours after death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY HOBSE OR Racing ne certificate, writing the word "pending" in pencil in Item 18. Give Pog should be forworded to the Chief Medicol Examiner's Office along with St. Joseph Hospital Horse Groom (exemption) give street oddress) pages 1 and 2 with the Timonium 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before J3c. CITY OR TOWN hours after death. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Berryville YES NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Fenton Allen Gertrude Williams 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Sister: 16b. SOCIAL SECURITY NO. ADDRESS (Yes, no, or unknown) Mrs. Lillian Milanes, Bronx, burial, crematian, or removol, and in any event within 72 APPROXIMATE INTERVAL be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (o)\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (o), certificote should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Acute ethylism 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES NO 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 21b. TIME OF INJURY Month, Doy, Year PRIMARY X OR CONTRIBUTING 1-13 1968 Pedestrian struck by car CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Timonianounty foctory, office building, etc.) WHILE AT WORK AT WORK York Road south of Green Meadow BALTIMORE 22a. I certify that I taak charge of the remains described above, held an Autopsy X. Inquiry , Inspection , and in my apinian death resulted fram: Natural causes , Accident X. Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED the funerol SIGNATURE DEPUTY MEDICAL EXAMINER January 15, 1968 Charles S. Springate, M.D. **EXAMINER'S** 5 may ro FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 1/20/68 Milton Valley Cemetery Berryville, Clarke, Va. 24. FUNERAL DIRECTOR H. Enders Funeral Home, Berryville, Va DATE JAN 19 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68

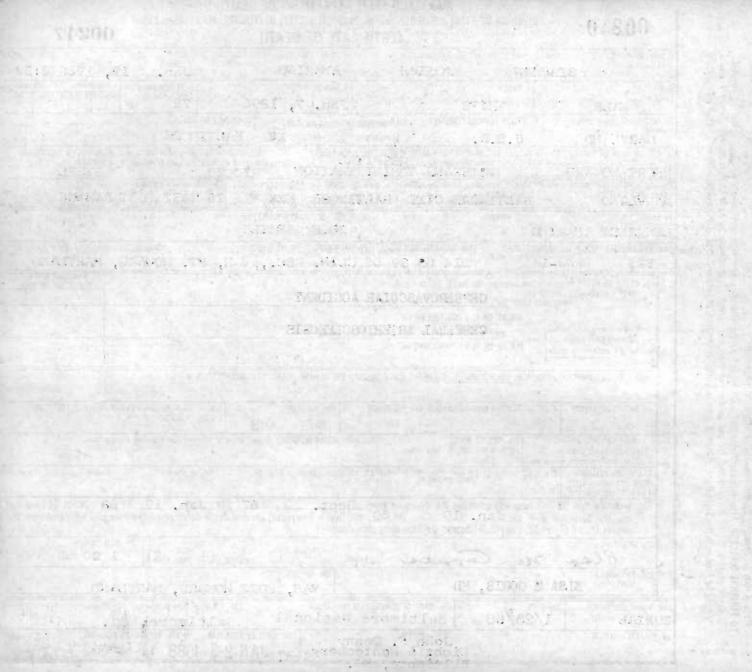
MAKTLAND STATE DEPAKIMENT OF HEALTH

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er death		PLACE OF DEATH a. COUNTY Baltimore		MARYLAND	2. USUAL RESIDENCE (Vo. STATE Mary	Vhere deceosed lived, if institution b. COUN	on: Residence befor	re odmission)
hin 72 hours afte		<ul> <li>CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)</li> </ul>		c. LENGTH OF STAY IN 1b	Balt	tside corporote limits, write RUR imore, 2121		
55		d. NAME OF HOSPITAL OR INSTITUTION (If not in Baltimore County	1		d. STREET ADDRESS	ttage Avenue	9	e. IS RESIDENCE ON A FARM? YES NO
20		NAME OF First DECEASED (Type or print) Carolyn		Middle NMT	lost Alston	4. DATE Mont OF DEATH	1 2	0 1968
any eveni,		Female Negro	. MARRIED WIDOWED	NEVER MARRIED DIVORCED .	B. DATE OF BIRTH 9/9/49	9. AGE (In yeors Jost birthdoy) yrs.	Months Days	Hours Min.
oval, and in any event, within 72	dur	o. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) Student		ND OF BUSINESS OR DUSTRY	West Vi	0	COUNTRY	
or removal,		Robert Alston				Williams		
sit permit. Th	15. (Ye	was DECEASED EVER IN U.S. ARMED FORCES? es no or unknown) (If yes give wor or dotes of s	ervice)	SOCIAL SECURITY NO. 17.	Mother	Addre	SAME	
		1B. CAUSE OF DEATH (Enter only one couse PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	-9	(o), (b), and (c) ( into	(cravial) to	ypertension.	. IN	TERVAL BETWEEN NSET AND DEATH
burial-transit burial, cremat		Conditions, if ony, which gove rise to immediate couse (a),	folla	ing remove	elga	Couroted la	ly	
Health prior tab		stoting the underlying couse (c)	-	tumor / E	eff rick)			MAC AUTODOV
X	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CON				The second second	17	. WAS AUTOPSY PERFORMED? YES NO
Dept. of He	L CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		SCRIBE HOW INJURY OCCURRED			16	(0.1)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	While of wor	Not While of work	ACE OF INJURY (Home, forr ctory, street, office bldg., etc.	) (0 //	(County)	(Stote)
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je 3 sh led with		220. SIGNATURE  22c. PHYSICIAN'S (8)	m ju	el pap 1	A.D. ATTENDING PHYS. 22d. ADDRESS 2	MED. STAFF DIRECTOR PHYS.	ם ב	
directar, page 3 shauld shauld be filed with the	00	NAME (Type) (TERARD-	m-	WOEL 1 23c. NAME OF GEMETERY OF	Ballin	502 WAT R 10 2/2/5 1 23d. LOCATION (City or To	OGERS ,	
shau	1	D. BURIAL, CREMATION, 23b. DATE THERE REMOVAL (Specify) 23b. DATE THERE 23b. DATE THERE 24. FUNERAL DIRECTOR	5-68	ADDRESS 72.77	ness Vation	& Balle	GISTRAR'S SIGNATI	JAKO JRE
1 3		Irlington S. H.	hell	igs-Balto	ma. DATE	D BY REGISTRAR AN 2 6 1968	Musica	Judge,

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MARYLAND STATE DEPARTMENT OF HEALTH



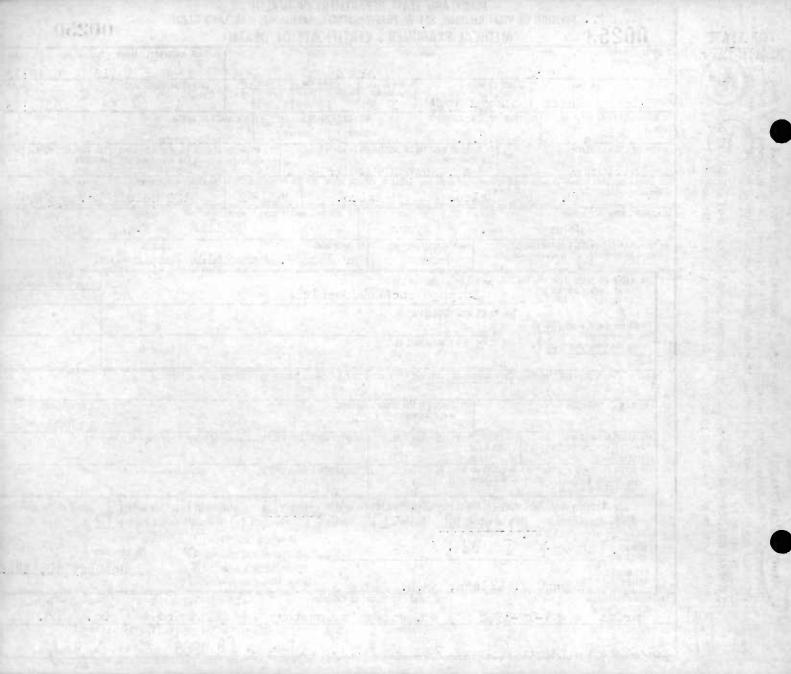
100	1	00251 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00248	
HEALTH DEPT.		DECEASED-NAME First Middle Last 2a. DATE KNOWN A Manth Day Y	ear 2b. HOUR
Poge s	(	(Type of Film)	196 8 4 0 M
delay M3. Poo	3. 5	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
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s ofter 18. Gir e olong 2 with death.		1. USUAL RESIDENCE (Where deceosed lived if institution: Residence before 13c. CITY OR TOWN odmission) STATE 13th COUNTY + Consideration of the control of t	
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hin 24 ncil in niner's pages hours	14.		nis.
within 24 pencil in xaminer's ile pages 72 hours	100.	. WAS DECEASED EVER IN U.S. ARMED FORCES?  166. SOCIAL SECURITY NO. 17. INFORMANT  Yes, no for unknown) (If yes give war or dates of service) (If yes give war or dates of service)	1
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be executed "pending" in nief Medical E ansit permit. F event within		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	N ONSET AND DEATH
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should be en word "per to the Chief in buriol-transit	1	stoting the underlying couse DUE TO, OK AS A CONSEQUENCE OF	
g the ed to ed to and ii		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
INER: This certificate should be executed within 24 hours ofter deoth re certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be farwarded to the Chief Medical Examiner's Office olong with form files.  3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Detail or removal, and in any event within 72 hours offer death.	-	4261	
is certific te, writin farward e used a removol,	CERTIFICATION		UTOPSY?
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The second secon		21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 11b. TIME OF INJURY Manth, Day, Year HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
NER: T certifice hauld b iles. should stion, or	MEDICAL	CAUSE OF DEATH P.M. 19	
	ME	21d. INJURY OCCURRED  21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.)  21f. LOCATION Street at R.F.D. Na. City at Tawn Caunty	State
DEPUTY DICAL EXAMINER. cessory, please execute the cert e funeral director. Page 4 shaul may be retained for your files. FUNERAL DIRECTOR: Page 3 shows of the prior to burial, cremation.		AT WORK AT WORK	
	12.		in my apinion
se e ctor ctor ned ECT		deoth resulted from: Notural couses Accident , Suicide , Homicide , Undetermined manner	
please edirector director retained DIRECT		ACTUAL (1. 20.7) CHIEF MEDICAL EXAMINER (1. 20) PAYS SIGNIFIC (	
ny, ple eral di be rett be rett prior		SIGNATURE	0
Ssor fune ay b NER th		EXAMINER'S NAME (Type)  PRENCE  DEPUTY MEDICAL EXAMINER  ADDRESS (Street, city, town, or county)  PRENCE	1 1
	22-		Ma
5 = = 2 5 =	130	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(Stote)
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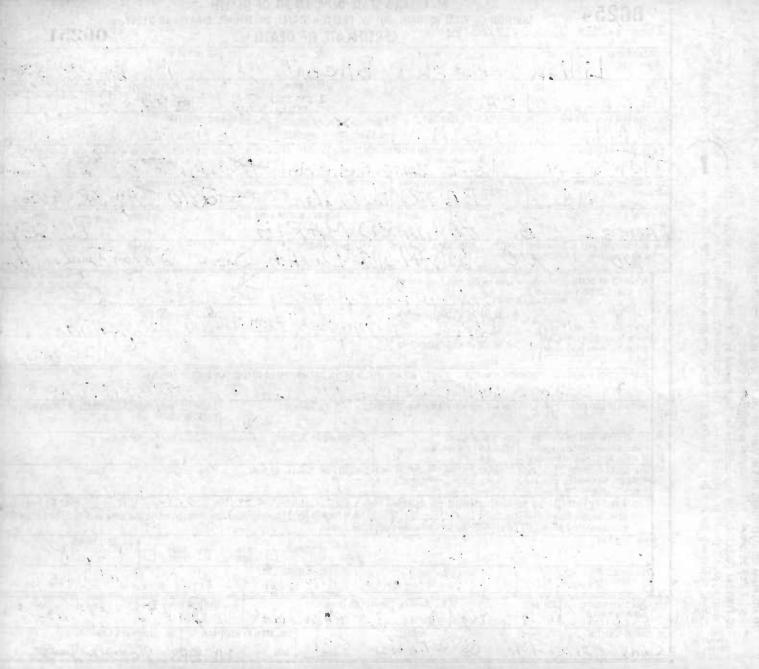
MARYLAND STATE DEPARTMENT OF HEALTH

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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MAR	DVI AND 21201		
FOR STATE	00253 MEDICAL EXAMINER'S CERTIFICATE OF DEAT		00250	
EALTH DEPT.	1. DECEASED-NAME First Middle Last	2a. DATE KNOWN X Month	Day Yeor	2b. HOUR
2 P 9 75	(Type or Print)  MARK AYRES	OF ESTI-	16 168	
PM3 par	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS	2c. DATE PRONOUNCED DEAD	10 .00	2d. HOUR
PM3 or me	Male White 1-31-19da 3 YRS. DAYS HOURS MI	IIN. Manth Day	16 Year 19 68	9:15
	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 7. 9. 0	COUNTY OF DEATH		
State D	country) State U.S.A. WIDOWED DIVORCED	Baltimore		Me
2/ 2		L OCCUPATION (Kind of work done st of warking life, even if retired.)	12b. KIND OF BUSII	NESS OR
with the leath.	Baltimore St. Joseph Hospital			
death.	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE MD. 13b. COUNTY LINES IN STATE NO X	TOOL OTHER PRINTS HOMOEK	r Pd on o	
er d		irst Middle	L Ku - 212	20
after d		amilla P.	Ryan	
haurs	16a. WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17. INFORMANT	ADDRESS		
	(Yes, no or unknown) (If yes give wor or dates of service) None Mr John J. Ayre	s pl21 Belair Ro	pad 36	
uir.	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY:  Tarying of tracheobronichi ties		APPROXIMATE I BETWEEN ONSET	INTERVAL AND OEATH
event within	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Laryngotracheobronchitis			
a burial-transit permit. File nd in any event within 72	DUE TO, OR AS A CONSEQUENCE OF			
y ev	Conditions, if any, which gove rise to immediate cause (a), (b)			
any	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF			
and in	(c)	DITION GIVEN IN PART 1/6)		
	50 / V	(4)		
remaval,	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manih, Day, Year 21c. HOW INJURY OCCURRED (Enter n		20. AUTOPSY	?
	WAS PERFORMED?		YES 🛣	NO 🗌
, ar	21b. TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M.	noture of injury in Part 1 or Port 2,	Item 18.)	
crematian,	CAUSE OF DEATH P.M. 19	C: T	Comb	C+ +
	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK 21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.)  21f. LOCATION Street or R.F.D. Na.	City or Town	County	State
, c	220. 1 certify that I took charge of the remains described above, held on Autopsy 🔀,	Landin Descio	ond in my	
burial,	deoth-resulted from Notural courses [X]. Accident [], Suicide [], Hamicide []	Inspection, Inquiry Undetermined monner		y opinior
to	CHIEF MEDICAL EXAM			
prior ta	ACTUAL SIGNATURE ASSISTANT MEDICAL CARP		E SIGNED	
	EXAMINER'S DEPUTY MEDICAL EX		anuary 17	, 196
Health	NAME (Type) Edward F. Wilson, M.D. ADDRESS(Street, city			
Ŧ	23G. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Tawn)		tate)
DK	REMOVAL (Specify) Burial 1-19-1968 St. Joseph's Cemetery  24. FUNERAL DIRECTOR  ADDRESS >/ 250. REC'D BY	Baltimore REGISTRAR 25b. REGISTRAR'S	Co. Md	•
PM1	24. FUNERAL DIRECTOR  ADDRESS  36  250. REC'D BY  Page 1401 Bulgar Page 1 Date JAN		rley Jude	
/88/	Luparkn Junera Home / 40/ Blow King I Mill	T 0000 F	TON YOUR	40



(Type ar print)  3. SEX  4. RACE  5. DATE OF BIRTH  3. SEX  FEMALE  7a. BIRTHPLACE (State ar foreign of the country)  7b. CITIZEN OF WHAT COUNTRY?  8 MARRIED NEVER MARRIED  9. COUNTY OF DEATH  9. COUNTY OF DEATH			1		00954		AND STATE DEPARTMENT OF		
1. DECERTANCE OF DEATH   First   December   December	1			#4	om 6 Film 6306	DIVISION OF VITAL RECORD		IMORE, MARYLAND 21201	00054
COUNTY OF DEATH   STATE   ST	6	XX #	1	, ~ L	en o riin dyyo	1/12/00 KK	CERTIFICATE OF DEATH		00251
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24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		# # # # # # # # # # # # # # # # # # #				4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
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24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		within book poor p	36.	ID. CI	TOWSOM	give street address)			) INDUSTRY
24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		inted in interpretation of the confinence of the	03						VLOR AVE.
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24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		rtifica physic en ple oval, o		Ye	es, ng, or ogknawn) (If yes give wo	por fata officervice) 225-44	1-2108 Dr. AM	K \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
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24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		CIAN: ital ar fificate fificate of far u			OR CONTRIBUTING CAUSE OF DEATH	H HOUR A.M. Manth Day Ye	noe	er nature af injury in Part 1 ar Part :	2, Item 18.)
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24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		TOR Have				, (I) (we) (did) (did nat) view th	he bady after death.	r (	P. DATE SIGNED
24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		OR A be reported by Sirect Sir			Allu Cue	sellars,	ATTENDING PHYS.	MED. STAFF	1 6 September 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		may may ERAL C	10		22d. PHYSICIAN'S NAME (Type)	V RUSSELLIP	AVIS 22e., ADDRESS	ALANTS BO	Je LD ING
24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		HOS age 4 Funi directed	X	23a.	BURIAL, CREMATION, 23b. D REMOVAL (Specify)	DATE 23c. NAME	1 1 12.	23d. LOCATION (City or Town)	(Caunty) (State)
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		30M REV. 19	68	(	has TEVANS -	tyon 8807 HA	RFORK RE DATE 1A	N 10 1968 gcl	arles Jusque.



1		00255	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BAI CERTIFICATE OF DEATH		0252
death 2		ECEASED-NAME First Type ar print) Jame:		lost Bailey Sr.	Jan Month	Year Of N
	3. S	EX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
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hin 24 filled in pape ithin 72	10.	CITY OR TOWN OF DEATH	give street oddress)	NSTITUTION (If not in haspital 12a. US	Baltimore  UAL OCCUPATION (Kind of work done most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
ertificate be executed within 24 haurs after physician and completely filled in by the furner please remave carban papers. Pages I aval, and in any event, within 72 haurs after	13a. adm	Reisterstown USUAL RESIDENCE (Where deceo issian) STATE Md.	2 Sugarbur osed lived, if institution: Residence before 13b. COUNTY 13b. COUNTY	e 13c. CITY OR TOWN 13d. INSIDE CIT	sheet Netal Mechan	
be exe	14.	FATHER'S NAME First Nehemia	Middle Lost ah Baile	IS. MOTHER'S MAIDEN NAME	First Middle Rosemona	lost Carroll
rtificate ohysicia en pleas val, and		. WAS DECEASED EVER IN U.S. AR Yes, no. ar unknawn) (If yes give	war or dates of service)		Address Bailey,2 Sugarbur	
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IAN: The law requires the law requires the law attending physician ficate has been signed by far use as the burial-traid Health priar ta burial, cre	CERTIFICATION	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT  PLY SE  ON CONDITION FOR WHICH OPERATION WAS RE	NOT RELATED TO THE TERMINAL DISEASE OF PERFORMED 200. AUTOPSY?  YES \( \sum \) NO [	2Db. IF YES, WERE FINDINGS CO	DNSIDERED IN CERTIFYING
al de de	MEDICAL CERTI	21o. ACCIDENT WAS UNDERLY!	ATH HOUR A.M. Manth Day Yearniner) P.M.	21c. HOW INJURY OCCURRED (En	ter noture of injury in Port 1 or Part 2, I	County State
OR ATTENDING DE retained by the DIRECTOR: After the 3 should be defend with the State		22b. SIGNATURE  22d. PHYSICIAN'S		sed from 3 / 6 , 19. 1962, and that in (my) (our) of body after death.  ATTENDING PHYS.  22e. ADDRESS	, ta <u>BA/tR c/+</u> , 19 pinion deoth occurred on the do	DATE SIGNED / 8
TO HOSPITAL Page 4 may TO FUNERAL director, pag should be fil	L	BURIAL, CREMATION, 23b. REMOVAL (Specify)	DATE 23c. NAME 0 Ceb. 3, 1968 Lorrs	F CEMETERY OR CREMATORY	23d. LOCATION (City or Town) Woodlawn	(County) (Stote) Daluimore, Fd.
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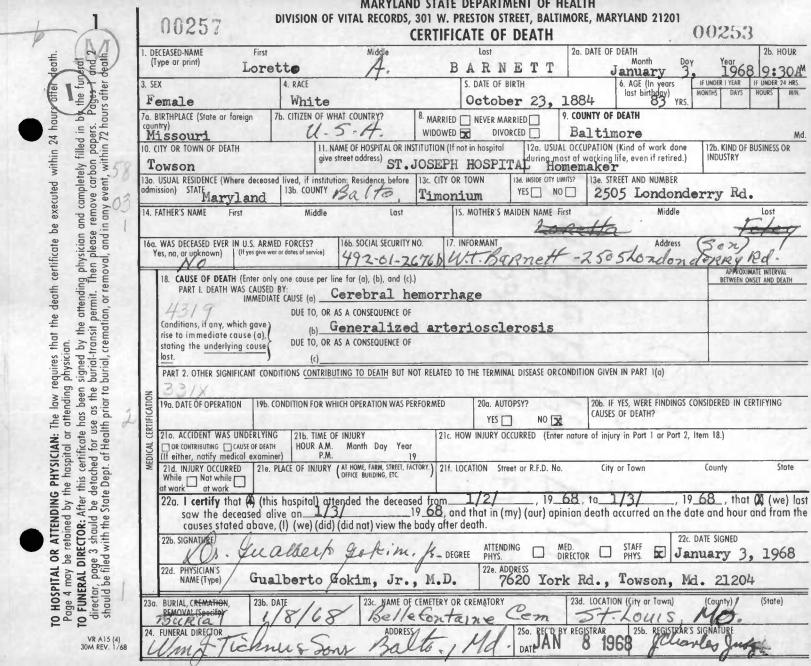
MAKTLAND STATE DEPAKTMENT OF HEALTH

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3	3. SEX		4. RACE	S. DATE	OF BIRTH	6. At	GE (In years	MONTHS DAYS	IF UNDER	24 HRS.	2c. DATE PR Month	ONOUNCED	DEAD	, Vans	24. HOUR
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1	O. CIT	Y OR TOWN C	OF DEATH		11. NAME OF give street od		NSTITUTION	(If not in hospit	al 12a. L		CUPATION (K working life			12b. KIND OF BUSI INDUSTRY	NESS OR
	Ow	ings M	1ills	1	Rose	wood S	tate	Hospita	1				,	III DOSTRI	
1	30. U	SUAL RESIDEN	ICE (Where dece	osed lived, if	institution: Re	esidence befor	e 13c. CITY	OR TOWN	13d, INSIDE CITY		13e. STREET		ER		
L			ryland	130. (0)	montgo	mery		nantown		NO K	Rt.				
1	4. FAT	THER'S NAME	First		Middle	Lost		1S. MOTHER'S M	AIDEN NAME	First		Midd	ile	Lost	
1		AS DECEASED E	VER IN U.S. ARME	D FORCES? ive war or dates of		CIAL SECURITY	NO.	17. INFORMANT				ADDRESS			
-														APPROXIMATE	INTERVAL
I		18. CAUSE O	F DEATH (Enter DEATH WAS CAU	only one caus	e per line for (	o), (b), ond (c)	1.)	0 /		4.4				BETWEEN ONSET	
		PAKI I.		DIATE CAUSE (	0)	MO	NE	306	17	<u>VI</u>					
9		15	70		TO, OR AS A C	ONSEQUENCE C	F								
			ony, which gove diote couse (o)	1	b)		115		-6						
	1	stoting the u	nderlying couse		TO, OR AS A C	ONSEQUENCE C	)F								
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	P	ART 2. OTHER	SIGNIFICANT CO	NDITIONS CON	TRIBUTING TO	DEATH BUT NO	T RELATED	TO THE TERMINAL	. DISEASE OR	CONDITIO	N GIVEN IN F	PART 1(o)			
	S -	90. DATE OF	ODERATION		110h (/	ONDITION FOR	WHICH OD	EDATION						20. AUTOPSY	'2
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	ERT	21a. EXTERNAL	CALISE WAS	21h 1	IME OF INJURY	Month Doy Ye	or is	21c. HOW INJURY	OCCUPPED (F	nter notu	re of injury is	n Port 1 or	Port 2 Ite		
		PRIMARY [	OR CONTRIBUTING		IOUR A.M.			TIC. TIOTT THUORT	OCCORNED (L	11010	is or injury ii		1 JIL 2, 111	VIII. 10.)	
		CAUSE OF DEA		PLACE OF II	P.M.  IJURY (At home	19 form street		21f. LOCATION Stre	et or R F D. No	0.	City or	Town		County	Stote
	- 1	WHILE	NOT WHILE	foctory, office	building, etc.)	, ioini, siidei,		LOCATION SHE	U. U. K.I.U. HC		City Of	.01111			51010
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		SIGNATURE.	My	SI	EN	1	- 1		ASSISTANT MEL				22b. DATE	1.68	
		EXAMINER'S NAME (Type	WER	NER	Ju	,05	BIL	The same of the sa	DEPUTY MEDIC				, -	1160	
=	_	BURIAL CREM		Bb. DATE	1	22. NAME O	E CEMETED	OR CREMATORY	100/100/01/100	/	LOCATION (		m)	(County) (S	tote)
	230.	REMOVAL (Spe	ecity)	2/20	68	E S. MAINE O		IED. SC	11 10	230.		1 Moi	-	Md.	10107
1	24. 1	UNERAL DIREC	TOR	01/20	000	ADD	W.L.	161.00		D BY RE	GISTRAR	2Sb. DF	STRAR'S	GNA OPY	Way .
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MARYLAND STATE DEPARTMENT OF HEALTH

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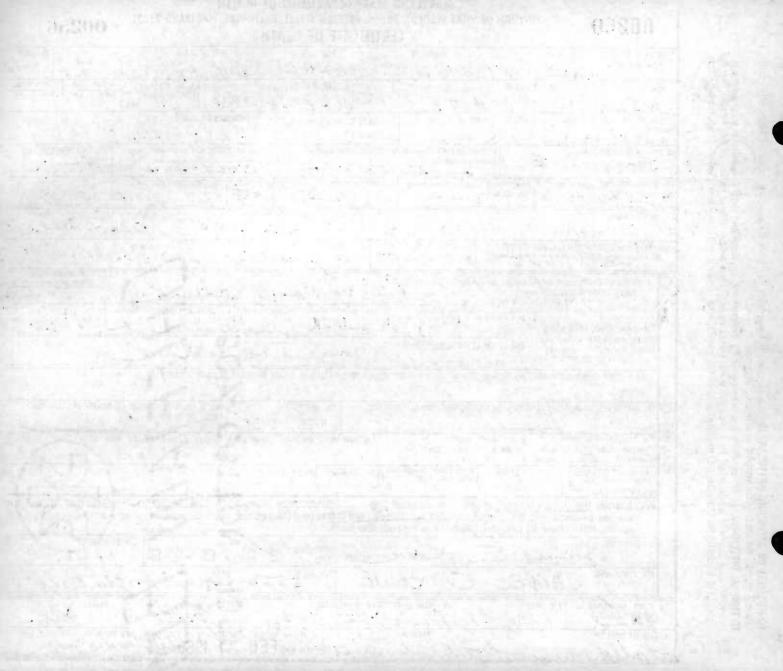
. 31		MARYLAND STATE DEPARTMENT OF HEALTH	
VI)		00258 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00254
		CERTIFICATE OF DEATH	
I I I		FIRST Middle Lost 20. DATE OF DEATH Month / Doy	11 Yeor 1968 3,20 p.M
	3. SE	EX 4. RACE 5. DATE OF BIRTH 10/1/1898 6. AGE (In years) 10/1/1898 7RS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
I II I		BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	ty
01		TALY   MIDOWED   DIVORCED   BATCHT HOR'S COURT  CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  The will son State Hospital   House Miles   House	12b. KIND OF BUSINESS OR INDUSTRY
30	13o.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13b. COUNTY 13c STREET AND NUMBER 1404 W PA	PATT ST.
4	14. F	FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	Lost XXXXXXXXXXXXXX
		N. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dotes of service) Address Records, Mt. Wilson State Ho.	5117 4
Structured by the following only account of the following properties of the following	1	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove)  (b)  Far Advance of Pulmonary  Conditions, if ony, which gove)	APPROXIMATE INTERVAL BETWEEN CHISET AND DEATH  10 Clays  2 21
		rise to immediate cause (a), stoting the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF The colors:  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	, fis
	TIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES \( \text{NO } \text{NO } \text{CAUSES OF DEATH?} \)	ONSIDERED IN CERTIFYING
	MEDICAL CER		Item 18.)
	2	2 Id. INJURY OCCURRED While Not while of work of twork of twork of twork of twork of two	County Stote
o FUNERAL DIRECTOR: After the director, page 3 shauld be de should be filed with the State sale.		22a. I certify that (I) (this hospital) attended the deceased from SANGRY 4, 1968, to SANGRY 1968, to SANGRY 1968, to SANGRY 1968, ond that in (my) (our) opinion death occurred on the decauses stated above, (I) (we) (did) (did not) view the body after death.	ote ond hour and from the
		DEGREE PHYS.   MED. STAFF DIRECTOR TO PHYS.	DATE SIGNED  1/4/N. 11-1968
- (		22d. PHYSICIAN'S NAME (Typa)Wm. Newcomer, M.D.  22e. ADDRESS Mount Wilson, Maryland	
0	230.	BURIAL (REMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) New Cathedral Cemetery Baltimore,	
28		FUNERAL DIRECTOR Waltens Funeral Home Pradpress & Stricker Date AN 15 1968	Stevarufudge

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3-	1		MARYLANI DIVISION OF VITAL RECORDS,	D STATE DEPARTM		DVI AND 21201	
(NA)		00259		00255			
€ 725		ECEASED-NAME First	Middle	Lost	2o. DATE O	F DEATH	2b. HOUR
after deoth he funeral ages 1 ord 2 after deoth		Type ar print) GEO:		BARRETT		JANUARY Doy 2	Year 68 2:35PM
after affer	3. S		4. RACE	S. DATE OF BIR		last birthday) MO	UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN
Pod Pours		MATE BIRTHPLACE (Stote or foreign	NEGRO	12/15		61 YRS.	
		ntry) ARYLAND	7b. CITIZEN OF WHAT COUNTRY?  U.S.A.		CEACE BALT	IMORE COUNTY	, Md.
within 24 I		CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS' Over street oddress VET - ADM - HO	TITUTION (If nat in haspital SPITAL	during most of working RADIO TEC	N (Kind of work done plife even if refired.)	12b. KIND OF BUSINESS OR INDUSTRY S.GOVERNMENT
and completely fremove corban in ony event, with	13o. adm	USUAL RESIDENCE (Where deceose issian) STATE MARYLAN	ed lived, if institution: Residence before	13c. CITY OR TOWN BALTIMORE	13d. INSIDE CITY LIMITS? 13e. S	TREET AND NUMBER GOLD STREET	
d co mo	14.	FATHER'S NAME First	Middle Lost	15. MOTHER'S MA		Middle	Last
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ertificate be physicion o nen please ioval, and i	160	. WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b. SOCIAL SECURITY N			Address	
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ne deoth cer attending p permit. The		PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), and (c).) BY: TE CAUSE (a)CHRONIC LYM	PHOCYTIC LEUI	KEMIA		BETWEEN ONSET AND DEATH
e de atte on, c		200.1	DUE TO, OR AS A CONSEQUENCE OF		NAME OF THE PARTY OF		
the the ssit p		Canditions, if any, which gave ) rise to immediate couse (a).	(b)				
s tho ion. I by tron crer		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF				
equires physicic signed buriol-t		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)					
req ng p an si te bu	-	2040					
endir endir s bee os th	CERTIFICATION	190. DATE OF OPERATION 19b. (	ONDITION FOR WHICH OPERATION WAS PER			F YES, WERE FINDINGS CONS	SIDERED IN CERTIFYING
The off of the lith p	ERTIFI	ACCIDENT WAS INDEED WITH		YES X	NO [	YES	
ICIAN: pital o rrificat d for of Hea	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (If either, natify medical examin	HOUR A.M. Month Day Yeor er) P.M. 19	1	URRED (Enter noture of inju	ury in Port 1 or Port 2, Item	n 18.)
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within Page 4 may be retained by the hospital or ottending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filly director, page 3 should be detached for use as the buriol-transit permit. Then please remove carban por should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within the state Dept.		21d. INJURY OCCURRED 21e. While Nat while at work of wark	PLACE OF INJURY ( AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LOCATION Street	t ar R.F.D. No. Cit	y ar Tawn (	County State
by the fifter per State		22o. I certify that (1) (thi	s hospital) attended the decease	d from 12/12/6	7, 19, to	1/2/68, 19	, that (x) (we) lost
R: A		22o. I certify that (*) (this hospital) attended the deceased from 12/12/67, 19, to 1/2/68, 19, that (*) (we) lost sow the deceased alive on 1/2/68, 19, ond that in (xax) (our) opinion death occurred on the date and hour and from the courses stated above, (*) (we) (did) (did not) view the body ofter death.					
ATI Sho sho with	13	22b. SIGNATURE	)		C MED	CTAFF 22c. DAT	E SIGNED
DiRI DiRI Jed v	P	(1.1)	albert mo	DEGREE ATTENDIN		STAFF PHYS. 🔀 1/:	3/68
ITAI moy RAL be fi	1.5	22d. PLYSICIAN'S NAME (Type) TOHN	D. TALBERT, M. D.	22e. ADDR	ERANS ADM. H	OSPTTAT. FT I	HOWARD, MD.
HOSPITAL OR ATTEN age 4 may be retained FUNERAL DIRECTOR: rector, page 3 should hould be filed with the	230	BURIAL CREMATION, 23b. C		EMETERY OR CREMATORY			(County) (Stote)
Pog Gere dire sho		REMOVAL (Specify)	8/68 BALTI	MORE NATIONAL	L BAL	TIMORE, MARY	
VR ATAM		FUNERAL DIRECTOR	TRUTH P CA	RROLL FUNERA	250 RECD BY REGISTRAR	256 REGISTRAR'S SIG	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00260 00256 CERTIFICATE OF DEATH 2a. DATE OF DEATH 1. DECEASED-NAME First Middle Last 2b. HOUR (Type or print) Month Yeor VANUAR IF LINDER I YEAR 1F LINOFR 24 HRS 3. SEX DATE OF BIRTH 6. AGE (In years 24 hours after MONTHS DAYS HOURS last birthday) 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TO NEVER MARRIED country) DIVORCED | WIDOWED | MARYLAND 12g. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) CATONSVILLE give street oddress) SALE SMAN 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER ATTENDING PHYSICIAN: The low requires that the death certificate be executed 13b. COUNTY BOLYO CATONSVILLE BROOKSIDE ony 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Last JOHN CECILIA GREEN HOLTZ removal, and in BEARD physician 16b. SOCIAL SECURITY NO. T INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 213 BROOKS DERT Yes, na, or unknown) 215-26-217 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove ! burial-tronsit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to O FUNERAL DIRECTOR: After this certificate has been the 20o. AUTOPSY? 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ detoched for use te Dept. of Heolth 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Not while 22o. I **certify** that (I) (this hospital) attended the deceased from saw the deceased alive on 19 and that in (my) (aur) opinian death accurred an the date and hour and from the director, page 3 shauld should be filed with the couses stated abave, (1) (we) (did) (did nat) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23h DATE (County) 23a. BURIAL, CREMATION REMOVAL (Specify) 250. REC'D BY REGISTRAR DATE FEB 1 ADDRESS FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00261 00257 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR death. (Type or print) Month Tunera M. Year ALICE BEDFORD 10:05 AM IF UNDER 1 YEAR IF UNDER 24 HRS. hours ofter 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years last birthday) HOURS CAUC. 5-13-1890 FEMALE -7-7 YRS equires that the death certificate be executed within 24 haurs 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED THE NEVER MARRIED country) completely filled in ove carbon papers. 115A DIVORCED [ BALTIMORE, MARYLAND WIDOWED [ buriol, cremotion, or removol, and in ony event, within 72 Md. ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street oddress) during mast of working life, even if retired.) INDUSTRY TOWSON, MD HOUSEWIFE GREATER 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before / 13c, CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY YES NO timore 14 FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME First Middle Last puo Cross James physician on please 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yesono, or unknown) (If yes give war or dates of service) Vone CXXXXXX Mes Doesthy 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY MYOCARDIAL INFARCTION 3.5 mm IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF TERIOSCLEROTIC CARDIOVASCULATO signed by the buriol-transit Conditions, if any, which gove ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) directar, page 3 should be detoched far use as the should be filed with the State Dept. of Health prior to has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 19g. DATE OF OPERATION CAUSES OF DEATH? YES T NO T TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched far us be retained by the hospital or 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased from 1/4 saw the deceased alive an. 19 68, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** DEGREE PHYS DIRECTOR 22e. ADDRESS 22d PHYSICIAN'S BM NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) Belair Memorial Gardens Belair. Maryland 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 23 1968 Moran Inc. Baltimore St. 3000 30M REV. 1/68

1			DIVISION OF	VITAL RECORDS, 3		TREET, BALTIMO	RE, MARYLAND 21201	2000	0
Technical Control		00262		C	ERTIFICATE OF	DEATH		0025	8
deoth.	1. DE (Ty		irst MILTON	Middle -	last BELTON	20	DATE OF DEATH  Month Do	68 Yeor	2b. HOUR 6:10Pm
le le	3. SE	X	4. RACE		S. DATE OF I	BIRTH	6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
		MALE	NEGRO		3/7/		lost birthdoy) 47 YRS.	MONITS DATE	nooks min.
	70. B	IRTHPLACE (State or foreign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED 🔲 NEVER MA	AKKIEU	DUNTY OF DEATH		
	WA	SHINGTON, D. (	U.S.A.		MIDOMED X DIAC		ALTIMORE COUNT		Md.
3	10. C	ORT HOWARD	11. N give VF	street address) T. ADM. HOS	ITUTION (If not in haspital	12a. USUAL OC during most of TABORER	CUPATION (Kind of work done f working life, even if retired.)	12b. KIND OF INDUSTRY CONS	TRUCTION
	13o. admi:	USUAL RESIDENCE (Where de ssian) STATEMARYLAI	ceosed lived, if institution 13b. COUNTY	tion: Residence before	BALTIMORE	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER 1629 PARRIS	STREET	<i>E</i>
i	14. F	ATHER'S NAME First	Middle	Lost	IS. MOTHER'S A	MAIDEN NAME First	Middle		Last
		JAMES		BELTON		LETTIE		SYI	NOR
	16o. Y	WAS DECEASED EVER IN U.S. es, no, or unknown) (If yes	ARMED FORCES? give war or dates of service)	16b. SOCIAL SECURITY N			Address		
		YES	JU II W	213 14 59	32 CLIN.RE	ECORDS, VA	HOSPITAL, FT	HOWARD	MD.
		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA			MONTA DTT A	MEDAT			NSET AND DEATH
		IMN	EDIATE CAUSE (a)		MONIA, BILA	TEKAL			
		Conditions, if ony, which go	DUE TO, OR	AS A CONSEQUENCE OF	LTRATION OF	TTVFP			
		rise to immediate couse (	0) (0)		LITATION OF	TITATIN			
		stoting the underlying coulost.	DUE TO, OR	AS A CONSEQUENCE OF					
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBI	ITING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE OR CONDI	ITION GIVEN IN PART 1(o)		
		ARTERIOSCI	EROTIC HE	ART DISEASE	l land				
	CERTIFICATION			HICH OPERATION WAS PER		TOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
	TIFIC	of the second			YES	NO 🗆	CAUSES OF DEATH?		
	MEDICAL CERT	21a. ACCIDENT WAS UNDER  DR CONTRIBUTING CAUSE DI  (1f either, notify medical ex	DEATH HOUR A.M. P.M.	Month Day Year			ure of injury in Part 1 or Port 2,	Item 18.)	
	ME	21d. INJURY OCCURRED While Not while of work	21e. PLACE OF INJURY	( AT HDME, FARM, STREET, FACT OFFICE BUILDING, ETC.	DRY.) 21f. LOCATION Str		City ar Tawn	County	State
		22a. I certify that (t) saw the decease	(this haspital) att	ended/the decease	d fram 11/28/6	07_, 19	, ta <u>1/1/68</u> , 19		(b)c(we) last
		saw the decease	d alive an	btdidenote view the b	and that in (	my) (aur) opiniar	n deoth occurred on the d	ate and haur	and tram the
		22b. SIGNATURE	dve, kr) (we) (qiq)	Manual Alem tue r	day uner deum.		220	DATE SIGNED	
		00	h1111-7	+ m10	DEGREE PHYS.	DING MED.	C STAFF C	1/2/68	
		22d PHYSICIAN'S	awen	, 1110	22e Al	DDRESS	11113		
		NAME (Type) JOI	IN D. TALB	ERT, M. D.	V.	A HOSPITAI	L, FT HOWARD, 1	ID.	
)	23a.	BURIAL, CREMATION,	3b. DATE		EMETERY OR CREMATORY		d. LOCATION (City or Town)	(County)	(State)
1	BU	REMOVAL (Specify)	1/8/196	V	MORE NATION	1	BALTIMORE, MA		
1		FUNEDAL DIDECTOR	1 Horges	HAYES FUNE	RAL HOME	2So. REC'D BY RE	5 1968 25b. PEGERAR	SSIGNATURE	42
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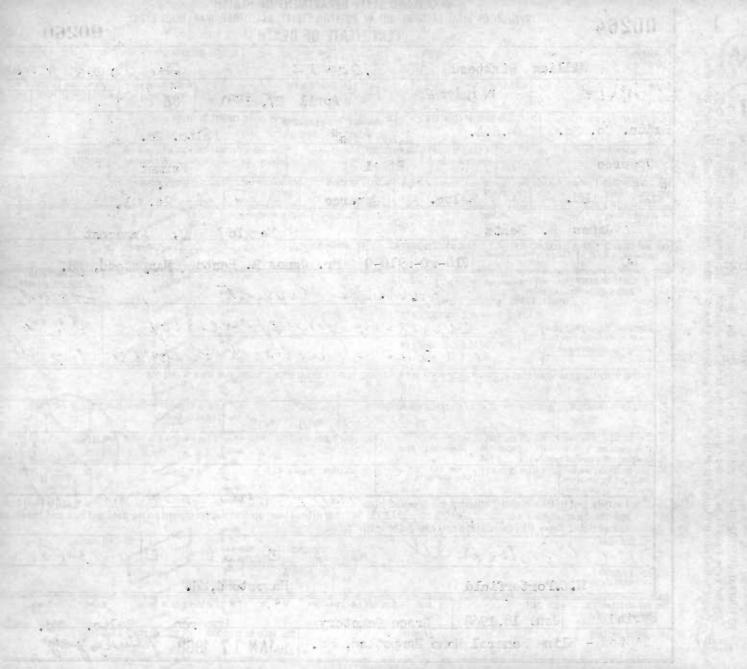
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MAKILAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00263 00259 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) Manth Mary BENNETT 7:55AM A. January S. DATE OF BIRTH 6. AGE (In years 4. RACE IF UNDER 1 YEAR after 3. SEX OAYS last birthday)
72 YRS. MONTHS Female September 12, 1895 White 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED U.S.A. WIDOWED [ Baltimore DIVORCED | Marykand 10. CITY OR TOWN OF DEATH burial, cremation, or remaval, and in any event, within 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street address)
ST. JOSEPH during most of working life, even if retired.)

Homemaker INDUSTRY the attending physician and completely first permit. Then please remave carban Towson 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Maryland 13b. COUNTY YES NO 120 S. Collington Ave. Baltimore 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Hedwig (Irene) John Stotsky Yuchno 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na or unknawn) (If yes give war ar dates of service) 218-48-0961J1 William O. Bennett 120 S Collington Avenue APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Cerebro vascular insufficiency with transient paralysis IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave ) (b) Arteriosclerotic heart disease rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause (c) Pneumonia, right lower lobe. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending I CO FUNERAL DIRECTOR: After this certificate has been s director, page 3 shauld be detached far use as the t shauld be filed with the State Dept. af Health prior tab 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO TO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) HOUR A.M. Month Day Year P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from 1/11/ , 19.68 , to 1/29/ , 19.68 , that (1) (we) last saw the deceased olive an 1/29/ 19.68 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED anto ATTENDING MED. DIRECTOR STAFF PHYS. January 29, 1968 DEGREE 22d. PHYSICIAN'S 22e. ADDRESS Arturo Santos, M.D. 7620 York Rd., Towson, Md. 21204 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (State) 23a. BURIAL, CREMATION, (County) Md REMOMAL (Specify) O'Donnell St Balto Jan 31 1968 Mt Carmel Cemetery 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR The Dippel Bros Inc. 1800 E Indibard St. DATE JAN 3 Villander 30M REV. 1/68

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1	MARYLAND STATE DEPARTMENT OF HEALTH
	00264 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
Ĩ.	DECEASED-NAME (Type or print) William Winstead SENTZ 20. DATE OF DEATH  Menth Doy Year 130pt
3.	SEX MALE  4. RACE White S. Date Of BIRTH April 27, 1881  6. AGE (In years lost birthday) NONTH'S DAYS HOURS MIN
70	o. BIRTHPLACE (State or foreign U.S.A.   8. MARRIED NEVER MARRIED   9. COUNTY OF DEATH WIDOWED   8. MARRIED NEVER MARRIED   Balto. Co.
10	D. CITY OR TOWN OF DEATH Upperco 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life even if retired.)  Rt 1  120. USUAL OCCUPATION (Kind of work done during most of working life even if retired.)  RT 1  INDUSTRY
	30. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before dmission) STATE Md. 13b. COUNTY Balto. Upperco YES NO Rt. 1
1	4. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Lost
	James B. Bentz Maggie C. Armacost
1	66. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no punknown) (If yes give wor or dotes of service)  16b. SOCIAL SECURITY NO.  17. INFORMANT  Address  Address  18b. SOCIAL SECURITY NO.  17. INFORMANT  APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUSED BY:    How IMMEDIATE CAUSE (a)
	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO CAUSES OF DEATH?  21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)
	(If either, notify medical examiner)   P.M.   19   21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, at work   19   21d. INJURY OFFICE BUILDING, ETC.   21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, at work   21d. INJURY OCCURRED   21d. IN
	sow the deceased alive on
1	30. BURIAL (REMATION, PROPERTY Jan. 16, 1968   23c. NAME OF CEMETERY OR CREMATORY JAN. 16, 1968   23d. LOCATION (City or Town) (County) (Stote)  Grace Cemetery Jan. 16, 1968   100 Property J
2	4. FUNERAL DIRECTOR— Eline Funeral Home Hampstead, Md.   250. REC'D BY REGISTRAR   256. REC'D BY REC'D BY REGISTRAR   256. REC'D BY REGISTRAR   256. REC'D BY REC'D BY REGISTRAR   256. REC'D BY R



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4 hour Item 5 Office	_ 0	4	14. FATHER'S		First Louis '	r. Be	Middle renge	er Sr.	Last		1S. MOTHER'S	S MAIDE		First Dori	S	Mic	ddle	Kai	last ufmanr	n
within 2 pencil ir xaminer	ile pages 72 hours		16a. WAS DE (Yes, no,	CEASED EVER or unknawn	R IN U.S. ARMED	FORCES?	f service)	16b. SOCIAL S			7. INFORMANT		T. I	Bere	nger	ADDRES	ss (Sa	me)		
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TO D	TO FUNE Health	0	23a. BURIA	AL, CREMATION OF ALL CR	ON, 23b	1/9/6				,	or (REMATO	il c	em.	23d.	LOCATION Bal	(City or Tov	re, M	(Caunt	r) (Sto	ote)
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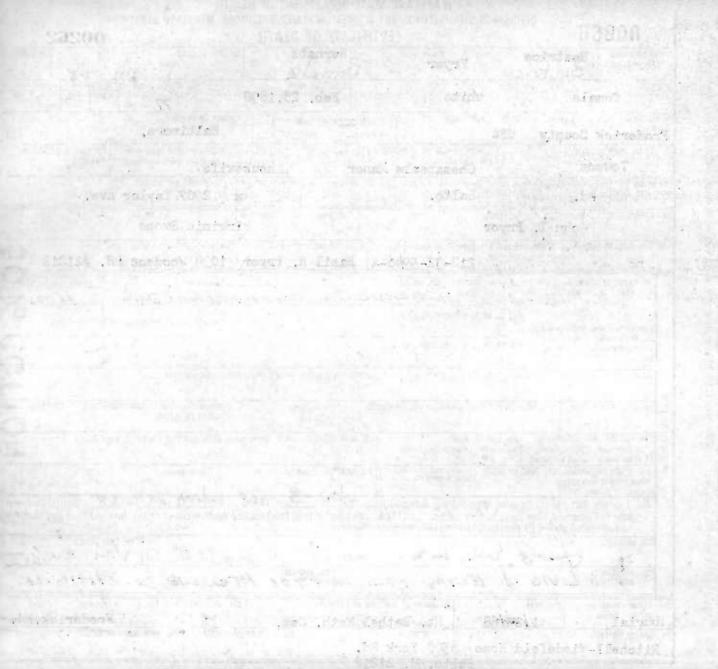
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00266 CERTIFICATE OF DEATH 00262 Bernatz DECEASED-NAME Beatrice Middle 2o. DATE OF DEATH 2b. HOUR Pryor (Type or print) Month Yeor Bentrica S. DATE OF BIRTH requires that the death certificate be executed within 24 hours often signed by the ottending physicion ond completely filled in by the fur burial-tronsit permit. Then pleose remove carbon papers. Pages L burial, cremotian, or removol, and in ony event, within 72 hours ofter 4 RACE IE UNOER 1 YEAR IF UNOER 24 HRS. 3. SEX 6. AGE (In years Feb. 28.1890 last birthday) female white MONTHS 1 DAYS HOURS 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Frederick County Baltimore. USA WIDOWED [ DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Chesapeake Manor during most of working life, even if retired.) INDUSTRY Towson 130, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Balto. odmission) STATE Md. 2907 Taylor Ave. YES 🗀 NO To 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Virginia Swope John T. Pryor 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no, or unknown) [If yes give war or dates of service] Basil R. Pryor 218-32-5946-A 1034 Woodson Rd. #21212 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ACTERIOSCLEATIC CAZDIO. VASOVLAR DISFAGE YEADI IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physicion.

O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, crei stoting the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [ 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of work 220. I certify that (1) (this hospital) attended the deceased from 1968, and that in (my) (our) appinion death occurred \_1968, and that in (my) (our) opinion death occurred on the date and haur and from the couses stated above, (1) (we) (did) (did not) view the bady ofter death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE 22e. ADDRESS 22d. PHYSICIAN'S ELIAS, M.D. MERIDENE NAME (Type) 1701 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (Stote) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) Frederick, Md. 1/27/68 Mt. Bethel Meth. Cem. 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Rd. DATE JAN 3 30M REV. 1/68

Balto.Md. 21212

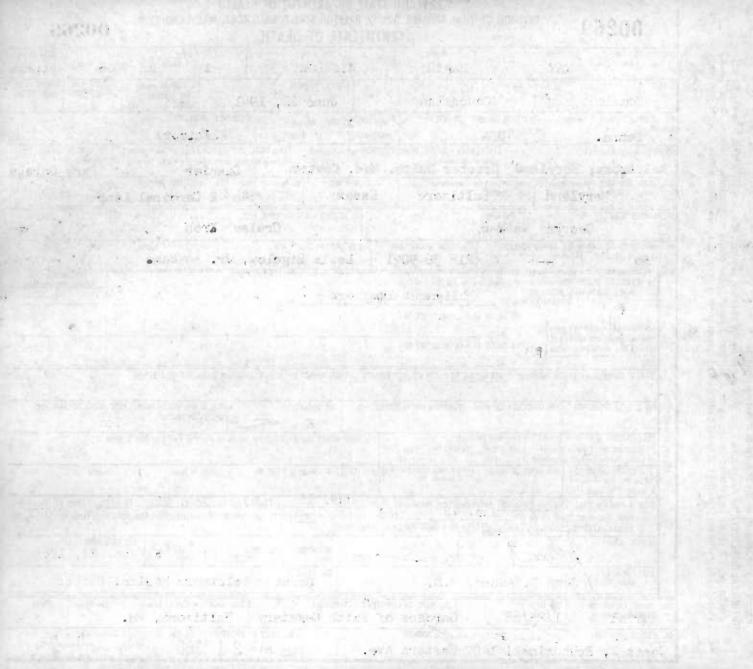
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00263 00267 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH and 2 death. within 24 haurs after death (Type or print) 3. SEX S. DATE OF BIRTH 6. AGE (In years **IF UNOFR 1 YEAR** last birthday) MONTHS OAYS HOURS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of wark done 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) give street address) Tunerale event, 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed 13b. COUNTY NO 1 burial, cremation, ar removal, and in any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Last and 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, (unknown) (If yes give war or dates of service) APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) **GETWEEN ONSET AND GEAT** PART I. DEATH WAS CAUSED BY: sudde ovonav IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove burial-transit rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been detached far use as the te Dept. of Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO D 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Ysor (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram.... . 19\_ , and that in (my) (our) opinion death occurred on the date and hour and from the 22b. SIGNATUR 22c. DATE SIGNED ATTENDING STAFF director, page 3 DEGREE PHYS 22d. PHYSICIAN'S 22e\_ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) REMOVAL (Specify) 24. AUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATU 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00269 00265 CERTIFICATE OF DEATH Last DECEASED-NAME First Middle 2g. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or print) Month 22 Doy 68 Year KAY MARIE BIGELOW 1:25A 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 6. AGE (In years last birthday) MONTHS Female Caucasian June 22, 1941 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) USA WIDOWED [ DIVORCED [ Baltimore signed by the ottending physicion and compretery move buriel-transit permit. Then please remove carbon paper buriel, cremation, or removal, and in any event, within 72 Penna. 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during mast of warking life, even if retired.) give street address Greater Balto. Med. Center INDUSTRY Baltimore, Maryland Park Garage Cashier 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATEMarvland 13b. COUNTYBaltimore Essex YES NO X 2 Cardinal Lane Middle 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Wacker Cruise Kroh George 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no ar unknawn) (If yes give war or dates of service) 218 36 9071 Lewis Bigelow, Jr. Same APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Malignant lymphoma IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave : rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to TO HOSPITAL OR ATTENDING PHYSICIAN: The law Poge 4 may be retained by the hospital or ottendin 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? Yes YES X NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote 21d. INJURY OCCURRED City or Town County While Nat while at work 22a. I certify that (I) (this haspital) attended the deceosed from Nov. 15 , 19 67 , ta Jan. 22 , 19 68 , that (I) (we) last saw the deceosed glive an Jan. 22 1968 , and that in (my) (our) opinion death occurred an the date and hour and from the saw the deceosed alive an\_ couses stoted-abave, (1) (we) (did) (did not) view the bady ofter death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR Jan. 22, 1968 DEGREE 22e. ADDRESS 22d. PHYSICIAN'S Greater Baltimore Medical Center John E. Adams, M.D. NAME (Type) 23d. LOCATION (City or Town) (State) 23c. NAME OF CEMETERY OR CREMATORY (County) 23b. DATE 23a. BURIAL CREMATION. 1/25/68 BEMOWAL (Specify) Gardens of Faith Cemetery Baltimore, Md. ADDRESS 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Marley VR A15 (4) 1968 James E. Bruzdzinski 1407 Eastern Ave. 30M REV. 1/68



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FOR STATE	1 0	ECEASED-NAME	First	Middle	R'S CERTIFICAT	E UF DEATH			Lat. Matte
		Type or Print)		middle			OF ESTI-	onth Doy Year	2b. HOUR
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ny delay is 2, and 3 to PM3. Page our ment of	3. 3			last	pirthday) MONTHS DAY		Month Day	Year	2d. HOUR
PM PM	10	Male   Whi	7b. CITIZEN OF WH	17, 1933 3 <sup>4</sup>	YRS. MARRIED TO NEVER	W400150 [] 16 60	Jan (	19 68	3 1P.M
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24 hours ofter deoth in Item 18. Give Pages 1, r's Office along with farmes I lond 2 with the Stote De irs after deoth.		Phi1	lip Jose	ph Bise	ese	Anto	inette	Fleischman	an
hin 24 ncil in niner's poges hours		WAS DECEASED EVER IN U.S. AR		16b. SOCIAL SECURITY N			ADDRESS		FC401
ed within 24 in pencil in 1 Examiner's . File pages in 72 hours	(1	res, no, or unknown) (16) Yes K	ves give war or dates of service) Orean	219-28-270	7 Mrs. Mar	garet S.	Bisese 6400 (	Charles St.	21212
A E E		18. CAUSE OF DEATH (Ent	er only one couse per li	ing for (o), (b), and (c).)	/	<u>( )</u>		APPROXIMATE DETWEEN ONSET	
ecuted ing" in edical E ermit. F		PART I. DEATH WAS O	AUSED BY: MEDIATE CAUSE (a)	10207	1246	cclo	25/872	Such	lon-
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nould be executed ward "pending" if the Chief Medical riol-transit permit.		stoting the underlying co		AS A CONSEQUENCE OF		( )		0.	
she vo the volume to the volum		lost.	(c)	11/00	cell	chil	serre	- XW	15
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tifficardinard	NO	19a. DATE OF OPERATION		19b. CONDITION FOR W	HICH ODERATION			20. AUTOPS	V2
his certifi ate, writin e farward be used a removal,	CERTIFICATION	17d. DATE OF OPERATION		WAS PERFORMED?	HICH OFERATION			YES [7]	NO.F
This icate be be d be or re	ERT	21a. EXTERNAL CAUSE WAS	21b TIME OF	INJURY Month, Doy, Year	21c HOW INSURY	OCCURRED /Enter not	ture of injury in Port 1 ar Port		HO
MINER: This of the certificate, at should be far ifles.  e 3 should be use important or remember 1	R	PRIMARY OR CONTRIBUT	ING HOUR A.	.M.	210.11011 110011	OCCORNED (EINE) NOT	ore or injury in contract on	2, 110111 10.1	
INE e ce sho sho file 3 sh	MEDICAL	CAUSE OF DEATH 21d. INJURY OCCURRED	21e. PLACE OF INJURY (	M. 19 At home, form, street,	21f. LOCATION Stre	eet or R.F.D. No.	City or Town	County	Stote
KAMINER: te the cert ge 4 shouls your files. age 3 shou		WHILE NOT WHILE THE AT WORK	foctory, office buildin	ig, etc.)					
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necessory, the funero 5 moy be ro FUNERA Health pr		NAME (Type) Ch	arles F.	0'Donnel	1, M.D.	ADDRESS(Street, city, t	rawn, ar county)		
01 = 50 E	230	BURIAL, CREMATION,	23b. DATE		CEMETERY OR CREMATORY		d. LOCATION (City or Town)	, ,,	itote)
(1)		REMOVAL (Specify) Entombment	1/9/68		y Valley Cer		Cockeysville		
VR A15ME (5)		FUNERAL DIRECTOR		ADDRE		2Sa. REC'D BY RI		AR'S SIGNATURE	
10M REV. 1/88	W	n. Cook-Brook	s Towson 1	.050 York R	1. 21204	DAUAN 1	0 1968 Pale	reles Judge	6

	MARYLAND STATE DEPARTMENT OF HEALTH	
	00271 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00267
ML	CERTIFICATE OF DEATH	
1	CEASED-NAME PORT First VACHER INTERVEY 20. DATE OF DEATH PORT OF DEATH OF D	2b. HOUR 3'3
3.		IF UNDER 1 YEAR IF UNDER 24 HRS
	M W March 20, 1887 80 YRS.	MONTHS DAYS HOURS MIN
70	UPTHOLACE (State or foreign 7h CITIZEN OF WHAT COUNTDY)	
L	Germany  USA  WIDOWED NEVER MARRIED  9. COUNTY OF DEATH  10. CHIZEN OF WHAT COUNTY OF DEAT	N
10	IT OK TOWN OF DEATH II. NAME OF HOSPITAL OK INSTITUTION (If not in haspital IZa. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
	Balto. during most of working life, even if retired.)  Reitred.	Meat Cutter
	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before sign) STATE AND NUMBER Balto.  136. CITY OR TOWN  YES NO X	
1/	ATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	Last
	ate PeterBohnacher Late Elizabeth Bohnacher	
10	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 7820 WAS TIMO	reland Ave.
F	es no ar unknown) (If yes give war or dates of service) 216-03-0988 Henry J. Rohnacher, Balto, Md.	21234
Н	1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
1	IMMEDIATE CAUSE (a) CALLANDELLING / HEALT VIA CAST	
	Conditions, if any, which gave)  DUE TO, OR AS A CONSEQUENCE OF Man has difficulty for the conditions of the conditions	
	rise to immediate cause (a),	
	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
1.	4201	
1034	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
CEDITICICATION	YES NO CAUSES OF DEATH?	
	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, I	tem 1B.)
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Yeor (If either, notify medical examiner) P.M. 19	
NA.	21d. INJURY OCCURRED While 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. No. City or Town	County Stote
1	at work at work (1) (this haspital) attended the deceased fram, 19, ta, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19	, that (I) (we) lo
	saw the deceased alive an19, and that in (my) (aur) apinian death accurred an the da	te and haur and from t
	cackes stated above, (I),(we) (did) (Aid nat) view the bady after death.	
	22b. SIGNATURE ATTENDING MED. STAFF	DATE SIGNED
	DEGREE PHYS. DIRECTOR PHYS.	n 10/26
	129. PHYSICIAN'S 22e. ADDRESS 3009 EVERGREEN AV	R-DA DIL
=	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	JACION (Stand
	REMOVAL (Specify)	(County) (State)
	FUNERAL DIRECTOR ADDRESS 21229 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
5	itzke F. D.,4101 Edmondson Ave., Balto. Md. DATE JAN 11 1968 Police	arles Judge

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00268 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEP 1. DECEASED-NAME First Middle 20. DATE KNOWN (Type or Print) OF ESTI-DEATH MATED Samue Page 4. RACE AGE (In years IF UNDER 24 HRS. 3. SEX DATE PRONOUNCED DEAD lost birthday) m 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) WOODLAWN 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN lond 2 with 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY RALTIMORE YES X NO 3207 HUDSON ST. BALTO, 24 MD, ofter 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME BOND BYSTRINSKY FRANCES hours 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) MRS, JOS, POETZEL: 10155, POTOMACST. NONE NO within 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Cardio-Vascular Disease Sudden IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o). should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO AT 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) NOT WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🔀 Inquiry [ ond in my opinion Noturol couses , Accident , Suicide deoth resulted from: Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 5 moy ro FUNE Health James ADDRESS(Street, city, town, or county) 23d. LOCATION (City or Town) CEM. 250. REC'D BY REGISTRAR VR A15ME (5) DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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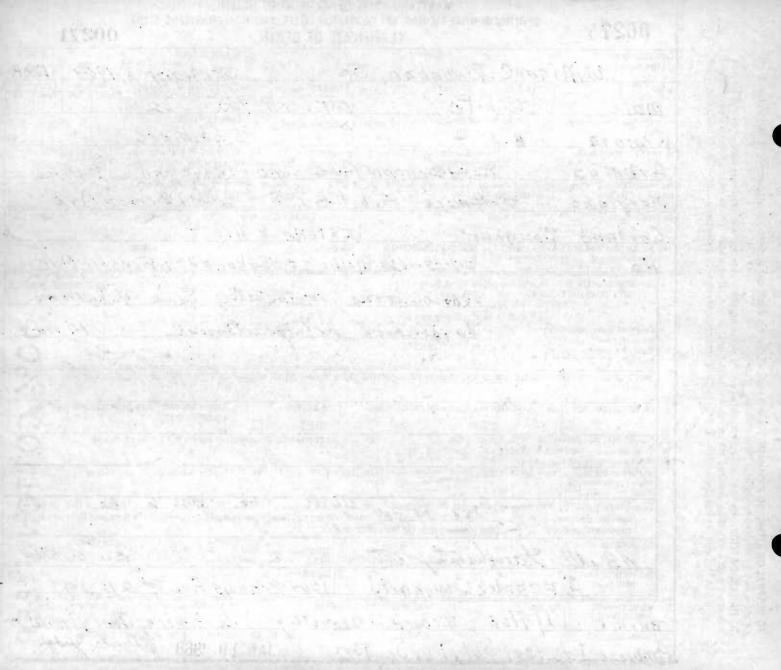
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last 1. DECEASED-NAME First 2a. DATE OF DEATH 2b. HOUR and Month (Type or print) SAMUEL MEREDITH BOOKER 11:30 AM TANTIARY 6. AGE (In years 72 haurs after 3. SEX 4. RACE 5. DATE OF BIRTH IF LINDER YEAR DAYS lost birthday) MONTHS HOURS MODE NEGRO 12/3/12 MALE YRS hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED lease remave carban papers. and in any event, within 72 ha DIVORCED [ U.S.A. WIDOWED [ BALTIMORE COUNTY MARYLAND filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind af work done 12b. KIND OF BUSINESS OR veterans ADM. HOSPITAL during most of working life, even if retired.) INDUSTRY U.S. GOVERNMENT BALTIMORE 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY YES 🕶 BALTIMORE 1705 WARWICK 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle NANNIE BARRET WILLIAM H. BOOKER attending physician coermit. Then please 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, ar unknown) YES (II yes give war or dates of service) burial, crematian, or remaval, 217 09 43 56 CLIN. RECORDS. VA HOSPITAL. FT HOWARD 18. CAUSE OF DEATH (Enter anly one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (g) permit. UREMIA DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave CHRONIC PYELONEPHRITIS rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to DIABETES MELLITUS. HYPERTENSIVE CARDIOVASCULAR DISEASE CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO T TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street ar R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while at wark 22a. I certify that \$\mathcal{1}\$ (this hospital) attended the deceased from 1/19/68 saw the deceased alive an 1/30/68 19\_\_\_\_, and that in (m . 19\_ and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted obave, (1)c(we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR 1/30/68 DEGREE PHYS. 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) VAH FORT HOWARD, MARYLAND 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23o. BURIAL, CREMATION, REMOVAL (Specify) BALTIMORE NATIONAL 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68 MORTEN & DYETT FUNERAL HOME 1701 Laurens St. Baltimore, Md.

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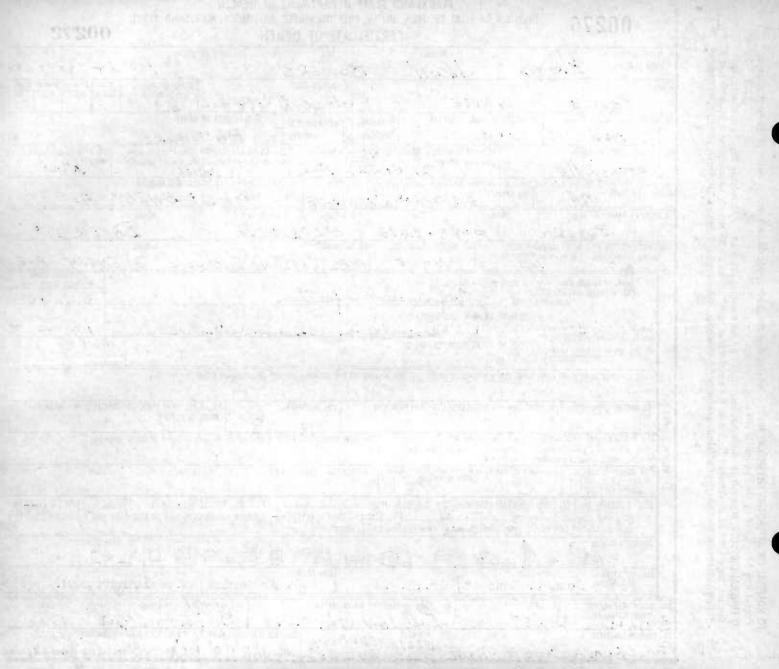
MAKTLAND STATE DEPARTMENT OF HEALTH

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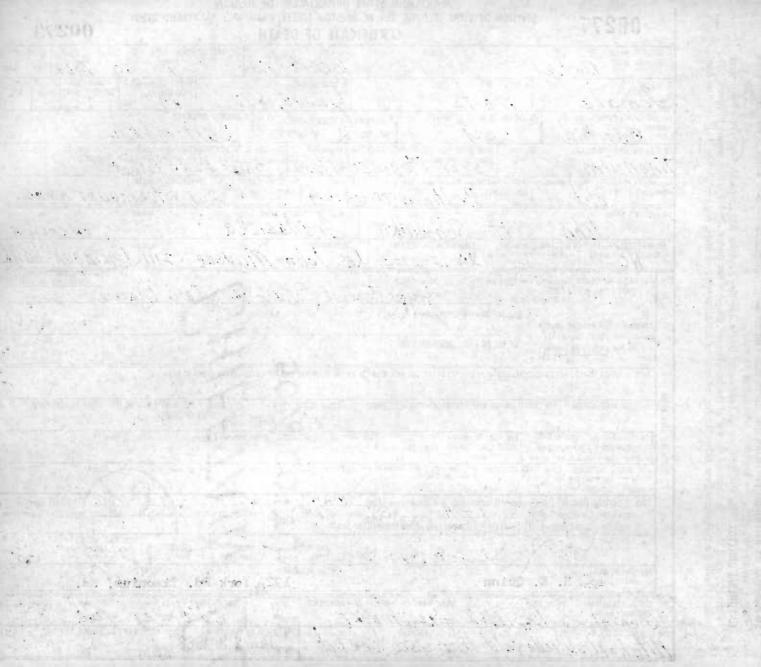
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4			00275		CERTIFICATE OF DE	ATH	002'71
	ELRA			st Middle	Lost	2o. DATE OF DEATH	2b. HOUR
	to to to	(1	ype or print)	am C. Bougha	n 5n	January	DOY 1968 1.30 AM
	D (E - 1)	3. SI		4. RACE	S. DATE OF BIRTH	6. AGE (In year	S IF UNDER 1 YEAR IF UNDER 24 HRS.
	the state of	0. 5	n. 10	1,11:+		act hirthday)	MONTHS DAYS HOURS MIN.
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	hou in by rs.	70. cour	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED		
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	in 24 iilled ii paper hin 72	10. (	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If not in haspital	120. USUAL OCCUPATION (Kind of work	done 12b. KIND OF BUSINESS OR
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	d w lete arb	13o.		eased lived, if institution: Residence before	13c. CITY OR TOWN 13d. 1	INSIDE CITY LIMITS? 13e. STREET AND NUMBE	
	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death estained by the haspital ar attending physician.  CTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages Pranch in the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after depth.	adm	sian STATE and	13b. COUNTY Himore	Arbut us YES	NO 1 5234 Bei	SONAYE.
	and campresses any event	14.	ATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN	N NAME First Mide	die Lost
	and and in an	1	farland 7	Boughan	Estella	Fliott	
	ate b ician lease and i	16a	WAS DECEASED EVER IN U.S.		NO. 17. INFORMANT	Addre	SSS
	ertificate b physician nen please iaval, and i	1	es, na, ar unknawn)   Ilf yes gi	ve war ar dates of service) 217-03-36	28 Nolle A B	Boughon +234 B	enson Are.
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	attending   attending   permit. The	Н	PART I. DEATH WAS CAL	anly ane cause per line far (a), (b), and (c)	ma A	tti Co	BETWEEN ONSET AND OEATH
	attendir attendir permit. ian, ar re			DIATE CAUSE (a)	come mel	asiane spine	4/11/2 14 mo.
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	that than the by the transit cremat		stating the underlying cou		/		
	es sicic ed ed al-t al-t		lost.	(c)			
	equires th physician signed by burial-tra burial, cre		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DIS	SEASE OR CONDITION GIVEN IN PART 1(a)	
	on series to the track	-	158 X				
	tending s been as the oriar ta	ISI	19a. DATE OF OPERATION 1	9b. CONDITION FOR WHICH OPERATION WAS PI	RFORMED 20a. AUTOPSY?		INGS CONSIDERED IN CERTIFYING
	The law reattending has been se as the the priar ta	CERTIFICATION			YES	NO CAUSES OF DEATH?	
	I: The ar aft te ha use use	ERI	21a. ACCIDENT WAS UNDERL	YING 21b. TIME OF INJURY	21c. HOW INJURY OCCURR	ED (Enter noture of injury in Part 1 or P	art 2. Item 18.)
	In I		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. Manth Day Year		(2)	
	SIC sprit erti ed ed	MEDICAL	(If either, notify medical exc	miner) P.M.	OTOPY \ 216 LOCATION Street or	R.F.D. Na. City ar Town	County State
	he haspital ar this certificate detached far u e Dept. af Healt	1	William Itol William	Te. PLACE OF INJURY ( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	ZII. LOCATION SITEET OF	K.r.D. No. City of Town	County
	te G		ui work ui wurk		Maril	1966 ta Jan. 6	10/9 11-1/0/
	Sta Sta	10	22a. I certify that (I)	(th <del>is hospital</del> ) attended the deceas	ed from and that is (and)	our) opinian death occurred an t	, 19 <u>68</u> , that (I) ( <del>we)</del> last
	R. A.	п	saw the deceased	arve, (I) (we) (did) (did not) view the	body after death	our opinian deam occurred an in	ie dale and habi and hom me
	Trip 12 th	н	22b. SIGNATURE	(ve) (ula) (ula not) view me	body dilor dodini		22c. DATE SIGNED
	OR ATTENDING be retained by t DIRECTOR: After je 3 shauld be d ed with the State		600 Al.	. Frederther	MODEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	Jan. 6, 1968
	o d o e e e e e e e e e e e e e e e e e		22d. PHYSICIAN'S	sugar noug.	22e. ADDRESS		
	MD M		NAME (Type)	BRADLEY DAUGHZ	rty 1264	Francis Ave. #	21227
	Page 4 moy be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta	22	BURIAL, CREMATION, 23	b. DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town	) (Caunty) (State)
	五岛正言部		REMOVAL (Specify)	119/10 100	Hill Corneter	Baltinger	Mariland
	5-5- 1011		FUNERAL DIRECTOR	Annes		6. REC'D BY REGISTRAR 2Sb. REGIS	TRAR'S SIGNATURE
	VR A15   A)	14.	TUNERAL DIRECTOR	1206.S. 1 .1	- ,	ATE JAN 10 1968 FC	liarles Judge -
	JUN KEY. 1/20	63	MUTOSE INC	. 1028 - alphyr	19.1 G DA	ALESAN TO 1000 A	0 "



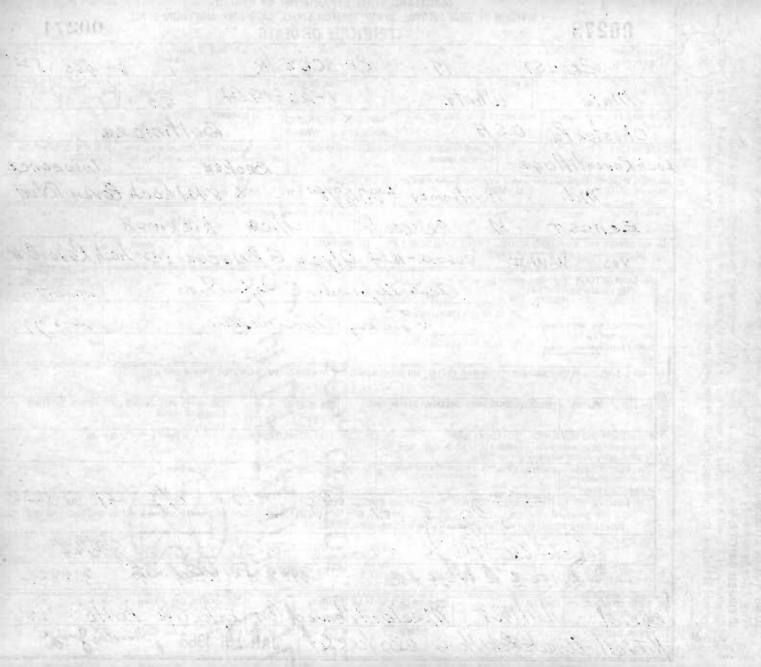
	1			ND STATE DEPARTMENT OF			
- 1	00276 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
		(IUNI)		CERTIFICATE OF DEATH		002'72	
-2=/		CEASED-NAME Firs	t Middle	Lost	2o. DATE OF DEATH	2b. HOUR	
9	(	ype ar print)	MA SASON	BOWERS	Month Da	1424 Year 68 7.00 FM	
	3. S	X	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.	
		FEMALE	WhitE	JUNE 6.1	1884 lost birthday) YRS.	MONTHS DAYS HOURS MIN.	
	7a.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH		
		ma.	U.SA.	WIDOWED DIVORCED	BAltimoRE	Md.	
		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR II		AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR	
10	0	. ATONSUILLE	2/	ENNAY MUE	nost af warking life, even if retired.)	INDUSTRY	
	13a.	USUAL RESIDENCE (Where deceded ssign) STATE	osed lived, if institution: Residence before				
13		1110.	DAITING	CHICKSVIIIE	OR 21 ENJA	AUE.	
1	14.	ATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME I	- 1	lost	
	1/	JOSEPH				AKER	
	100	WAS DECEASED EVER IN U.S. AR es, no, or unknown) (If yes give	war or dates of service)		Address Address		
		NO	NO NON.	17.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	IIICHNER 21	APPROXIMATE INTERVAL	
requires that the death certificate be executed within 24 hours after g physician.  n signed by the attending physician and completely filled in by the fun signed by the attending physician and completely filled in by the fun be burial-transit permit. Then please remove corban papers. Pages to burial, cremotion, or removal, and in any event, within 72 hours after a burial, cremotion, or removal, and in any event, within 72 hours after a burial.		18. CAUSE OF DEATH (Enter o PART 1. DEATH WAS CAUSI	only one couse per line for (o), (b), and (o	1 1 mm.		BETWEEN ONSET AND DEATH	
		IMMED	NATE CAUSE (0) Mysecan	ded infliction		6 hores	
	100	Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE O	A			
Page 4 may be retained by the hospital or offending physician.  • FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 should be detached for use as the buriol-transit permit. The should be filled with the State Dept. of Health prior to burial, cremotion, or rem		rise to immediate couse (o),	(b) CC		mental police	14rt	
		stoting the underlying couse last.					
			ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION CIVEN IN PART 1/-1		
		4201	MOTITORS CONTRIBUTION TO DEATH BUT	NOT RECORD TO THE TERMINAL DISEASE OR	CONDITION STREET IN FAKT I(U)		
	CERTIFICATION	190, DATE OF OPERATION 196	o. CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20a. AUTOPSY?	2Db. IF YES, WERE FINDINGS (	CONSIDERED IN CERTIFYING	
4	JE O			YES NO TO	CAUSES OF DEATH?		
2		21a. ACCIDENT WAS UNDERLYI		21c. HOW INJURY OCCURRED (Ente	er nature of injury in Part 1 or Part 2,	Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. Month Doy Yeo niner) P.M.	r 19			
	ME	21d. INJURY OCCURRED 21e		ACTORY.) 21f. LOCATION Street or R.F.D. No	. City or Tawn	County Stote	
		While Nat while at work					
		220. I certify that (I) (this hospital) attended the deceased from April 24, 1963, to Jan. 24, 1960, that (I) (we) lost sow the deceased alive on Jan. 24 1960 and that in (my) (our) opinion death occurred on the date and hour and from the					
		sow the deceosed olive on Jan. 211 19 00 and that in (my) (our) opinion death occurred on the date and hour and from the courses stated above, (1) (did) (diduct) view the body after death.					
		22b. SIGNATURE	o, (1) (ma) (ulu) (ulazzer) view ilic		22c.	DATE SIGNED	
		Eptuna	- harlot D. Th	DEGREE PHYS.	MED. STAFF	-25-68	
,		22d. PHYSICIAN'S		22e. ADDRESS			
/		NAME (Type) John	A. Nesbitt, Jr., M	.D. 1009 Fre	derick Rd., Baltin	nore, Md.	
0	230.	BURIAL, CREMATION, 23b.	DATE 23c. NAME OI	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caynty) (Stote)	
B	3	REMOVAL (Specify)	N27-1968 Lon	don Parklerd	Balto M	7d -	
9)	-	FUNERAL DIRECTOR	ADDRES		BY REGISTRAR 2Sb. REGISTRAR'S		
/68 _	14	RLEY CAVANA	OGH FHAMP DAI	TA MARRIAN DATE JA	N 29 1968 PCL	arles mose	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00273 CERTIFICATE OF DEATH Lost 20. DATE OF DEATH DECEASED-NAME 2b. HOUR ours after death pup (Type or print) Month ĕra 5. DATE OF BIRTH 6. AGE (In years 4. RACE IF UNDER I YEAR IF LINDER 24 HRS. 3. SEX MONTHS DAYS HOURS lost birthday) YRS 70. BIRTHPLACE (Stote or foreign, 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) ease remave carbon propers. and in any event, within 72 b TIMORCE DIVORCED WIDOWED X within 24 campletely/filled 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.)
Sales Lady Relieve INDUSTRY IMONIUM 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER The law requires that the death certificate be executed 13b. COUNTY NO V 14. FATHER'S NAME Middle Middle UNKNOWN attending physician permit. Then please 17. INFORMAN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, not er unknown) (If yes give wor or dates of service) burial, crematian, or remaval, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove burial-transit rise to immediate couse (o), signed by t DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO 🗍 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote County While Not while at work 1962 to 1-19-22a. I certify that (I) (this hospital) attended the deceased from MAY \_1965, and that in (my) (out) apinion death accurred an the date and haur and fram the saw the deceased alive an\_\_\_\_ directar, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS M. K. Quinn NAME (Type) 1927 York Rd. Timonium. Md. 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) BURIAL, CREMATION, REMOVAL (Specify) Bolto RECOMMOUN TIMO ES REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 30M REV. 1/68

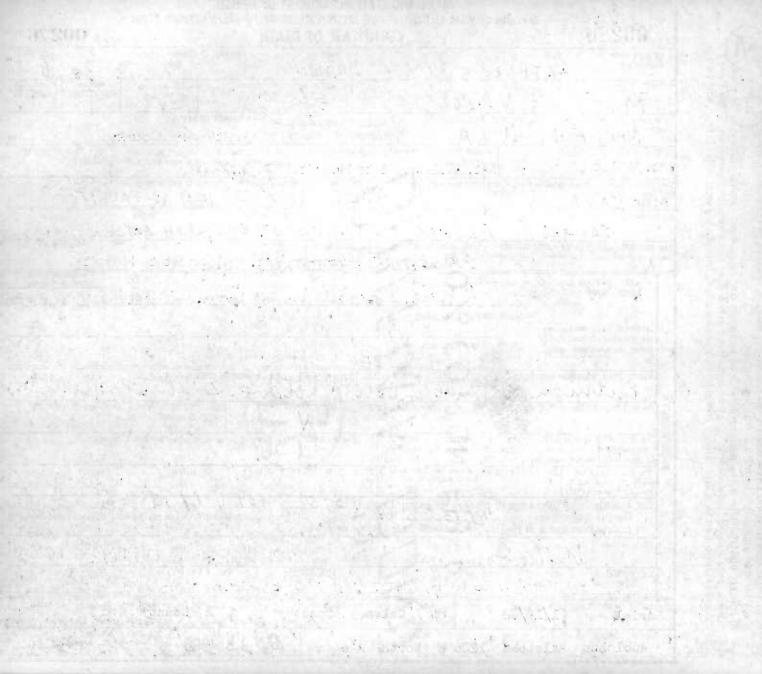


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00274 CERTIFICATE OF DEATH Middle DECEASED-NAME First Lost 20. DATE OF DEATH 2b. HOUR death. within 24 haurs after death (Type or print) and completely filled in by the funeral remave carban papers. Pages I and BRISCOR Month ERNOST IF UNDER 1 YEAR 3. SFX 4. RACE S. DATE OF BIRTH 6. AGE (in years event, within 72 haurs after OAYS last birthdoy) HOURS 1-20-1914 5.3 YRS 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 1X NEVER MARRIED U.S. A. Baltimore WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) INDUSTRY Loch RovenVilla INSURGICE 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR LOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY 9421 hoch NO X and in any 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First iekman ERNOST 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or ynknown) (If yes give war or dates of service) 8471 hoch Kavan G. BRISCOC burial, crematian, or remaval, APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY minulai IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) detached far use as the te Dept. af Health priar ta 190, DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO | YES [ this certificate 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while ot work O FUNERAL DIRECTOR: After 22a. I certify that (1) (this hospital) attended the deceased fram\_ \_19<u>6</u> 7, and that in (my) (<del>our) o</del>pinian death accurred an the date and haur and fram the saw the deceased alive an\_ causes stated abave, (1) (we) (did) (aid not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MD DEGREE ATTENDING STAFF DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) directar, 230. BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY (Stote) FUNERAL DIRECTOR 30M REV. 6/68



10/	Î _	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
TX.	I	tems 5 & 6 Film G397 1/29/68 kk CERTIFICATE OF DEATH 00275
death.		ECEASED-NAME First Middle Lost 20. DATE OF DEATH Type or print) John Raymond Brohawn January 19, 1968 Year  2b. HOUR  January 19, 1968 Year
offer Tour	3. \$1	Male  4. RACE  May 30, 1910 1907  6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   In under 24 HRS.
4 haur 4 in by 72 hau	cour	BIRTHPLACE (Stote or foreign of What COUNTRY?    Arryland
vithin 2 sly filled oan pap within		CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress)  510 Castle Drive  120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  Foreman  12b. KIND OF BUSINESS OR INDUSTRY Allied Chem.
executed within and campletely fremave carban any event, with		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before ission) STATE    13b. COUNTY   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13c. COUNTY   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   510 Castle Drive   510 Castle Drive   510 Castle Drive   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13e. STREET AND NUMB
ate be executed vician and camplet lease remave carl and in any event,	14. 1	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost  John Raymond Brohawn Grace K. Stanton
ertificate bu physician nen please noval, and i	16o. Y	WAS DECEASED EVER IN U.S. ARMED FORCES? (fes, no, or unknown) (If yes give war or dates of service)  16b. SOCIAL SECURITY NO.  17. INFORMANT  Address  415-07-3811  Carolyn F. Brohawn  Same
eath c ending nit. Th		IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the d physician. signed by the atte burial-transit perr burial, crematian,		Conditions, if ony, which gove rise to immediate course (0).  (b) Resperators framework framework for the underlying course  DUE TO, OR AS A CONSEQUENCE OF  (b) Presperators framework framework for the underlying course  DUE TO, OR AS A CONSEQUENCE OF
equires tho physician. signed by burial-tran		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
OR ATTENDING PHYSICIAN: The law requires the be retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by ge 3 should be detached far use as the burial-transed with the State Dept. of Health prior ta burial, cre-	ATION	Teff preumones for lareinones of line of the previous of line of the previous
AN: The all or attericate has far use a Health pr	CERTIFICATION	3-17-66 Causes of Ling left. YES NO CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
DING PHYSICIAN: The law reby the hospital or attending for this certificate has been be detached far use as the State Dept. of Health prior ta	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner)  2 Id. INJURY OCCURRED  2 1e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, FTC. OFFI
IDING PH d by the this After this d be detad		ot work of work   12a,   certify that (I) (this haspital) attended the deceased from San 17, 1963, ta San 14, 1968, that (I) (we) los
R ATTENDI retained b recTOR: Af 3 shauld b with the S		saw the deceased alive on
be ret be ret DIREC DIREC DIREC	١	226. SIGNATURE  STAFF  PHYS. CIAN'S  226. ADDRESS  226. ATTENDING  PHYS. CIAN'S  226. ADDRESS  226. ADDRESS
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld should be filed with the		NAME(Type)Dr. Frederick J. Vollmer 6100 York Rd. B ltimore, Md.
TO Fage	L	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)  BURIAL (Specify) Burial 1-22-68 Belair Memorial Gardens Bel Air Maryland,  EUNERAL DIRECTOR 250. RECUBBLY REGISTRAR'S SIGNALURE.
VR A15 (4) 30M REV. 1/68	24.	Mitchell-Wiedefeld Home, Inc. 6500 York Road Baltimore, Md. 21212

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00280 00276 CERTIFICATE OF DEATH 2b. HOUR Middle Last 2g. DATE OF DEATH 1. DECEASED-NAME First (Type ar print) Month ARTHU BROWN lease remove carban papers. Pages 1 and in any event, within 72 hours after 4 RACE S. DATE OF BURTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 6. AGE (In years requires that the death certificate be executed within 24 hours after last birthday) MONTHS HOURS the eg Ra YRS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State ar fareign 8. MARRIED NEVER MARRIED .⊆ DIVORCED Baltimore County WIDOWED Md. filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR Mt. Wilson State Hospital during most of working life, even if retired.) **INDUSTRY** Mt. Wilson completely 13g. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 1/3c. CITY OR TOWN 13e STREET AND NUMBER admission) STATE MARYIAN 13b. COUNTY BALTI. YES T NO O 14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME First Middle ond BROWN CHARLOTTE SAMUEL AN Sen physician 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, na or unknawn) crematian, ar removal, Records, Mt. Wilson State Hospital APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (o) (b); and (c). BETWEEN CINSET AND CEATI PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit burial, cremati Canditians, if any, which gave ; rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been be detached far use as the State Dept. af Health priar ta CERTIFICATION 19b. CONDITION OR WHICH OPERATION WAS PERFORMED 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a. AUTOPSY CAUSES OF DEATH? YES TV NO F certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Manth Day Year HOUR A.M. (If either, natify medical examiner) P.M. ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City ar Tawn County While Nat while at wark TO FUNERAL DIRECTOR: After this TO HOSPITAL OR ATTENDING 22a. I certify that (I) (this haspital) attended the deceased from 10/5, 1967, to 1/3, 1968, that (I) (we) last saw the deceased alive an 1968, and that in (my) (aur) apinian death accurred on the date and haur and fram the be retained directar, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF PHYS. DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) William Newcomer, M.D. Mount Wilson, Maryland 23c NAME OF CEMETERY OR CREMATORY CEMETRY 23a. BURIAL, CREMATION. Maunty) (State) BIRAMOVAL Specify) 24. FUNERAL DIRECTOR **ADDRESS** 1206 W Adolphus Halstead North 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00281 00277 CERTIFICATE OF DEATH Middle Last 2a. DATE OF DEATH 2b. HOUR **DECEASED-NAME** First death Manth (Type or print) ZEDRICK BROWN JANUARY ar remaval, and in any event, within 72 hours after 4 RACE S. DATE OF BIRTH 1F UNDER 1 YEAR 3. SEX 6. AGE (In years rier lost birthday) HOURS 7/24/16 NEGRO MALE within 24 haurs 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) DIVORCED BALTIMORE COUNTY U.S.A. WIDOWED | SOUTH CAROLINA campletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HDSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address INDUSTRY FORT HOWARD VET. ADM. HOSPITAL 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 1/3c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER executed admission) STATE 13h COUNTY YEST NO T 4514 Bonner Road. BALTIMORE MARYT AND 14. FATHER'S NAME Middle IS. MDTHER'S MAIDEN NAME First First Last and requires that the death certificate be Hattie Gillian Brown Van 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, na, ar unknawn) (If yes give war or dates of service) 218 05 29 80 CLINRECORDS, VA HOSPITAL, FI HOWARD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I, DEATH WAS CAUSED BY: PNEUMONIA, ASPIRATION, BILATERAL, UNDETERMINED ORGANISM - DAYS IMMEDIATE CAUSE (a) burial, crematian, DUE TD, DR AS A CONSEQUENCE OF 2 WEEKS LEFT CEREBRAL HEMORRHAGE signed by the burial-transit p Conditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse CEREBRAL ARTERIOSCLEROSIS UNKNOWN PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)

ARTERIOSCLEROTIC HEART DISEASE, REMOTE & RECENT MYOCARDIAL INFARCTION, LEFT director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO | FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Not while at work 22a. I certify that (1)c(this hospital) attended the deceased from 1/9/68 saw the deceased glive on 1/24/68 19 , and that in (1) , to 1/24/68 , and that in (nw) (our) opinian death accurred on the date and have and from the couses stated obove (1) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF 1/25/68 DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) NEILON NEILSON, M. D. VAH FORT HOWARD, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION 1-29-68 0 BALTIMORE NATIONAL BALTIMORE MARYT.AND 250. REC'D BY REGISTRAR 25b. FUNERAL DIRECTOR VR A15 (4) CHARLES LAW FUNERAL HOME WITH 30M REV. 1/68 802 Madison Ave. Baltimore, Md.

273:00

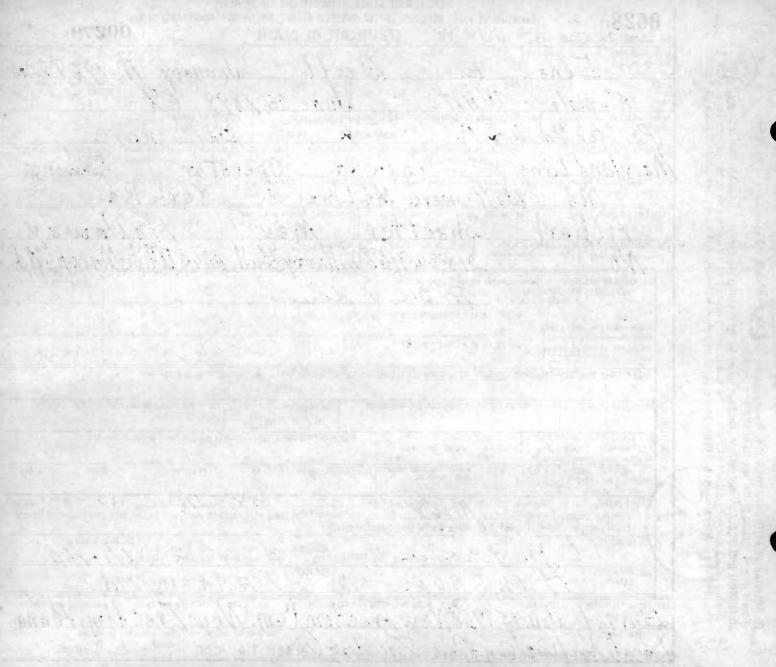
tesosa The state of the s DEPARTMENT OF STAFF MINAC REDWINE THE STATE OF THE S . C. 194 - Navis Commer Life. II o l'Elektric . 1777 THE PROPERTY OF A PROPERTY OF PART TO THE PARTY OF THE PARTY EXHER S THE WAY TO SELECT THE T MACHERICA TREADURED THE MICHELL CONTROL CONTRACT TO THE PROPERTY OF THE PARTY OF THE A SAN SELECTION OF THE TOWN OF THE SECOND

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00278 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN TO Month Year (Type ar Print) ESTI-DEATH MATED D AGE (In years 3. SEX IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD Year 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED [ DIVORCED lond 2 with the Stat 10. CITY OR TOWN, OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR with 12a. USUAL OCCUPATION (Kind of work done during mast of working life, even if retired.) Office along 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 3c, CITY OR 3 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY after 14. FATHER'S NAME First oudeshell hours Exominer's pages pencil IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO within (Yes no ar unknown This certificate should be executed APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (o), permit. BETWEEN ONSET AND DEATH the Chief Medical PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (a) buriol-transit Conditions, if ony, which gave rise ta immediate cause (a), please execute the certificate, writing the word ony DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause \_= Page 4 should be forwarded to gnd PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 00 removal CERTIFICATION used CONDITION FOR WHICH OPERATION 19g. DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? YES [ NO pe 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should MEDICAL PRIMARY TOOK CONTRIBUTING cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION City or Town County State factary, office building, etc.) FUNERAL DIRECTOR: Page NOT WHILE Salte AT WORK AT WORK Inspection Z to buriol. 22a. I certify that I taak charge of the remains described above, held an Autapsy [ Inquiry and in my apinian director. Accident Suicide retoined death resulted fram: Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUT DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy TO FUNE Health ADDRESS(Street, city, tawn, ar county) NAME (Type) the 23a. BURIAL, CREMATION 23h CEMETERY OR CREMATORY LOCATION (City or Town) REMOVAL (Specify) UNERAL DIRECTO 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR VR A15ME (5) 10M REV. 1/68

BUSHIE . 

11			MARYLAND STATE DEPARTMENT OF HEALTH
4	- 33		10283 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
			Item 2a Film G399 4/1/68 kk CERTIFICATE OF DEATH 00279
4		1. DE	CEASED-NAME First Middle Lost, Very 20. DATE OF DEATH North North 1000 1800 8 20. HOUR
after of the second		3. SE	S. DATE OF BIRTH  6. AGY (In years   FUNDER 1 YEAR   IF UNDER 24 HRS.    1
Page 1		7a F	SIRTHPLACE (Stote or foreign Th. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
24 ho		COUN	Parkton Md U. S.A. WIDOWED DIVORCED Baltimore Md.
vithin sly fille	00	10, 0	TY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital damp mast of wasting life, even if retired.)  12. USUAL OCCUPATION (Kind of work done damp mast of wasting life, even if retired.)  12. KIND OF BUSINESS OR DEATH OF COMPANY OF THE PROPERTY OF T
uted v emplete	0.3		USUAL/RESIDENCE (Where deceased lived, if institution: Residence before list. CITY, OR TOWN sisten) STATE 13b 20UNTY + Mare 12b 20UNTY + M
e exect	1	14. F	ATHER'S NAME First Middle Share Ter 15. MOTHER'S MAIDEN NAME First Middle Last
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Poge 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages	, in		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 117. INFORMANT Bull Pt. 40. White Marsh Md.
certi g ph			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eath endir nit.	5		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) 7.5.C.V. Alesease
he d			DUE TO, OR AS A CONSEQUENCE OF
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s th cigan d by	5		lost. (c)
quire physical igne igne	5		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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The law requires the ottending physician. hos been signed by se se os the burial-troop.	<u> </u>	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CIAN: Ital or hificote		MEDICAL CER	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Manth Doy Year   P.M.   19
O HOSPITAL OR ATTENDING PHYSICIAN: The law Poge 4 may be retained by the hospital or ottendir of FUNERAL DIRECTOR: After this certificate hos be director, page 3 should be detached for use os the control of the pose of the control	nebi:	ME	21d. INJURY OCCURRED VAILED Store OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. City or Town County Stote at wark at wark
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TTEND lined OR: A	, E		sow the deceased alive an
OR Al	A		22b. SIGNATURE Company Transfer of MED. DIRECTOR
O HOSPITAL O FUNERAL D	90		22d. PHYSICIAN'S NAME (Type) A M. FRANCE M.D 22e. ADDRESS PARKTON, Md.
HOS ige 4 FUNI	1001	23a.	BURIAL CREMATION, 23b, DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
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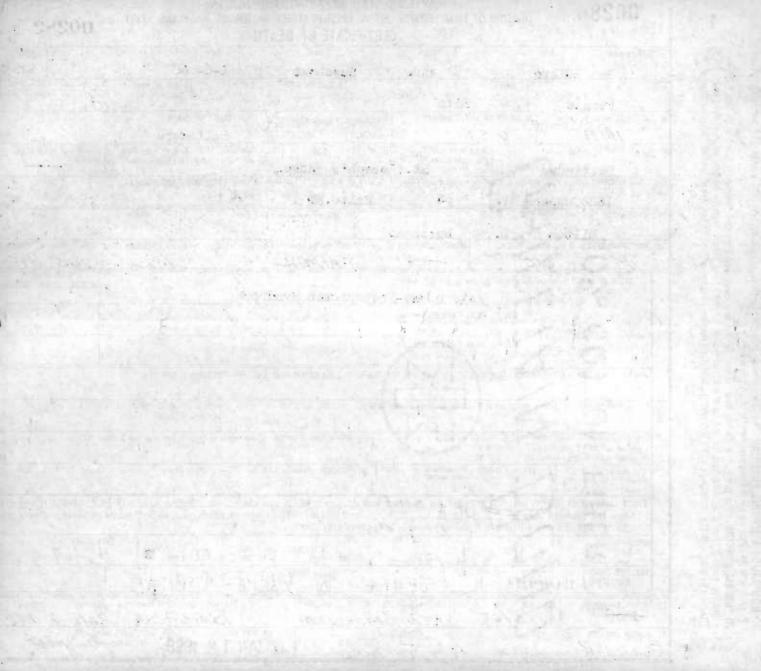


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00280 CERTIFICATE OF DEATH DECEASED-NAME 20. DATE OF DEATH 2b. HOU First and (Type or print) Month éral 119 IF UNDER 24 HRS 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR within 72 hours after 3. SEX TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or ottending physician. last birthday) HOURS 12-13-92 White YRS emale 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) and campletely filled in remove carbon papers. 11.5 a WIDOWED 🔂 DIVORCED 12a, USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during mast of warking life, even if retired.) give street address) INDUSTRY N5 OM GREATEY event, 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 21057 13b. COUNTY B admission) STATE NO X Manor Health prior to buriol, cremotion, or removal, and in ony IS MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Last First and with aura Walter physicion 16b. SOCIAL SECURITY NO. 17\_INFORMANT Address 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, por or unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave buriol-tronsit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19a, DATE OF OPERATION CAUSES OF DEATH? YES 🖂 NO TT for use 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year detached f te Dept. of k (If either, natify medical examiner) P.M be detached Stote Dept. o (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State 21e. PLACE OF INJURY City or Town County 21d. INJURY OCCURRED While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 1-30, 1968, ta 1-30, 1968, that (I) (we) last saw the deceased alive an 1-30, 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive an director, page 3 should should be filed with the causes stated, abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE -30-68 **ATTENDING** STAFF PHYS. DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b. DATE (County) 23g: BURIAL CREMATION RMOVAL (Specify) PECH BY REGISTRAR 2Sa. FUNERAL DIRECTOR 30M REV. 1/68

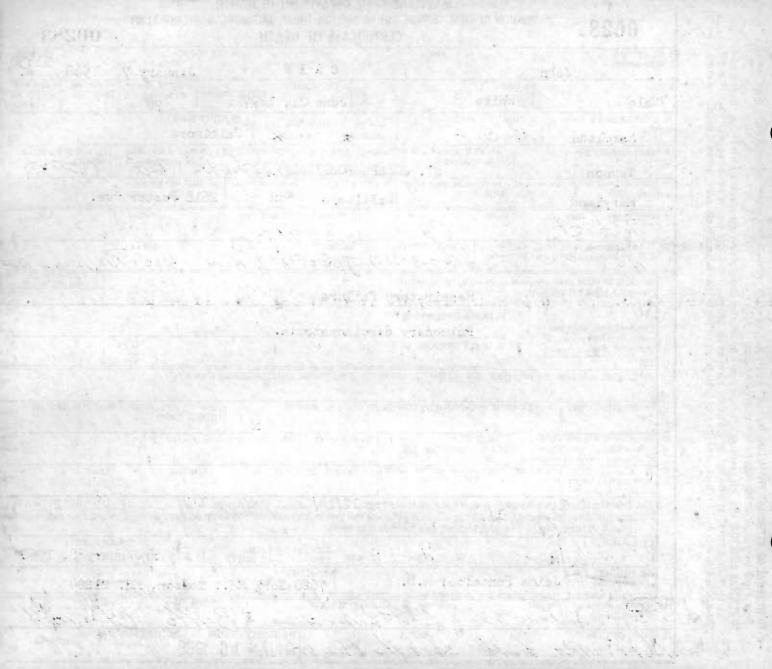
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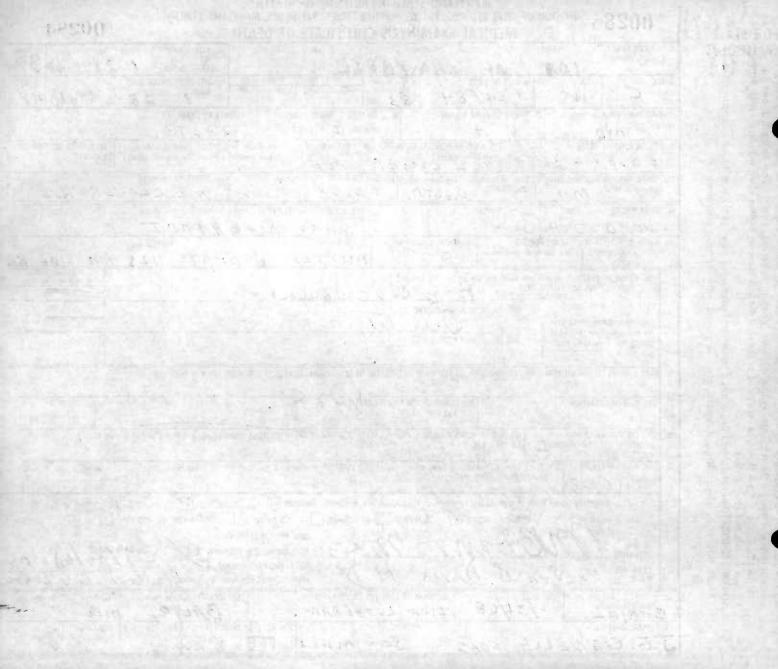
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ertificate be physician o nen please aval, and in		. WAS DECEASED EVER IN U.S. ARME (es, na, or unknown)   (If yes give war		Buschman SOCIAL SECURITY NO	). 17. INFORMANT	0	Address	7.5
n certifing phy	F	18. CAUSE OF DEATH (Enter only	ane cause per line far		FATHEI		1025_C	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.  5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Tunnel director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Progrest and 2 should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.	CERTIFICATION	19a. DATE OF OPERATION 19b. CC	ONDITION FOR WHICH OP	PERATION WAS PERI			20b. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
AN: The ation at at a cate ha ar use ar use Health		21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJUR	RY nth Day Year	21c. HOW INJURY OCC	NO URRED (Enter natur	re af injury in Part 1 or Part 2, 1	tem 18.)
HYSICI, haspita s certifi ached f ept. af l	MEDICAL	(If either, notify medical examine	r) P.M.	19 ME, FARM, STREET, FACTO BUILDING, ETC.	ORY.) 21f. LOCATION Street	t ar R.F.D. Na.	City or Tawn	Caunty State
DING P by the offer thi be det State D		220. I certify that (I) (this	hospitol) attended	the deceosed	from Jan . 6	, 19 68		68, that (I) (we) last
ATTENE rained TOR: A shauld ith the		sow the deceased aliv couses stated abave, 22b. SIGNATURE	(I) (we) (did) (did r	nat) view the b	ady ofter deoth.		death accurred an the dot	re and haur and tram the
NI OR y be reconstituted willied w	Á	22d PHYSICIAN'S	M. Ote	yza	DEGREE ATTENDIN PHYS.	DIRECTO	R STAFF PHYS.	1/6/68
TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 shauld be calculated by the State of the	230	NAME (Type) LUVIL	MA M.	STEY	CA 6T.	JOSEPH	LOCATION (City or Town)	(County) (State)
= = (0)()		BURIAL, CREMATION, REMOVAL (Specify)  FUNERAL DIRECTOR	16/68	NEW (	PATHEDERAL	25o. REC'D BY REG	BALTIMORE STRAR'S	BAHO MD
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(IVI)		110203		CERTIFICATE OF DEATH		00283
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ē - =	3. S		4. RACE	S. DATE OF BIRTH	6. AGE (In yeors	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
s af		Male	White	June 21, 18	97   last birthday) YRS.	MONIES DATS HOURS MIN.
by by interest		BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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completely filled ove carbon pape y event, within 77	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If not in haspital 12a. USI	JAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
Som with with		Towson	give street address) ST. J	OSEPH HOSPITAL	nost of working life, even thetires.	INDUSTRY PREZ
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y bu 4	14.	FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME	First Middle	Last
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after etained by the hospital or ottending physicion.  CTOR: After this certificate has been signed by the ottending physician and completely filled in by the for should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state Dept.			MED FORCES? war or dates of service) 16b. SOCIAL SECURITY		Address —	2011
phy en ova	-	No	2/0-05	2011 10001-1	ALM 40311	14/MONANTE
e Le Le	1	1B. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	aly one cause per line far (a), (b), and (c)			BETWEEN ONSET AND DEATH
end mit.		IMMEDIA	ATE CAUSE (a) Respirato	ry failure		
off off ion,		16001	DUE TO, OR AS A CONSEQUENCE OF			THE VIEW
the the rait mat		Canditians, if any, which gave rise to immediate cause (a),	(b) Fullifortary	carcinomatosis.		
tro tro	Н	stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
quires th physicion signed by burial-tro burial, cre		last.	(t)	TOT DELAYED TO THE TERMINAL DISEASE OF	CONDITION CIVEN IN DART 1/-1	
requestion signatures of the signature o		PART 2. UTHER SIGNIFICANT CUI	NUTTIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART I(0)	
ICIAN: The law repital or ottending rtificate been defor use as the offer use as the offer the o	NOI	19g. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PI	RFORMED 20g. AUTOPSY?	20b. IF YES, WERE FINDINGS O	ONSIDERED IN CERTIFYING
tten tten as 1 as as	CERTIFICATION	TAG. DATE OF OFERATION	CONDITION FOR WHICH OF EXAMON WAS IT	YES NO E	CALICIC OF DEATHS	ONGIDENCE IN CENTIL THO
N: The or o or	GRI	210. ACCIDENT WAS UNDERLYIN	NG 21b. TIME OF INJURY		er noture of injury in Part 1 ar Part 2,	Item 1B.)
for free free	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. Month Day Year			
rsic ospi certi hed hed	MED	(If either, notify medical exami	PLACE OF INSURY ( AT HOME, FARM, STREET, FA	QCTORY,) 21f. LOCATION Street or R.F.D. N	o. City or Town	County State
PH his his atoc Dep		While Not while at work	OFFICE BUILDING, ETC.			
DING PHYSICIAN by the hospital (free this certifical detoched for State Dept. of He		22a. I certify that (18 (th	is haspital) attended the deceas	ed from 12/24/ 19	67 to 1/7/ 19	68 , that XI) (we) la
Aff be Stee Stee Stee Stee Stee Stee Stee S		saw the deceased a	live on 1/7/	ed from 12/24/ , 19 19 68 and thot in (my) (our) a	pinion deoth occurred on the do	ote ond hour ond from th
aine aine the the the the the the the the the th			e, (I) (we) (did) (did nat) view the	body after deoth.	100	DATE CIONED
OR ATTEND be retained DIRECTOR: 4 DIRECTOR		22b. SIGNATURE	ing the ode	MD DEGREE PHYS		nuary 8, 1968
Ped be	1	224 DUVELCIAN'S	ime Jungdan	220 ADDRESS	DIKECIOK C PHAS. 65 LAST	1441) 0, 1/00
SPITAL OR ATTENE 4 moy be retained VERAL DIRECTOR: A for, page 3 should do be filed with the		NAME (Type) Ja	ime Punzalon, M.D.		Rd., Towson, Md.	21204
OSP 6 4 4 Wilder	230	BURIAL CREMATION, 23b.	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
ro Hospital or Attenbing Physician: The law rapoge 4 may be retained by the hospital or ottending for Funeral Director. After this certificate has been director, page 3 should be detoched for use as the about the filed with the State Dept. of Health prior to	200	REMOVAL (Specify)	11-68 NA	F L sur N	Balto 1	f. Mes.
	24.	FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
30M REV. 1768	1	10 FFMANN	F. H 3218,	Hu & som STOATEJA	N 16 1968 Julia	was find
30M REV. 1368	24.	FUNERAL DIRECTOR	F. H 3218			SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00284 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle Lost 20. DATE KNOWNET Month Doy (Type or Print) OF ESTI-2 0 CAM DEATH MATED deloy 3. SEX 4. RACE S DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD ond PM3 the State Departm 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office olong with farm USA WIDOWED DIVORCED Give Poges 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY ESSEX LOVE lond 2 with 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b, COUNTY ESSEX CLOVER 4410 702 24 haurs in Item 1 after 14. FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First LLOYD JOHNSON MARY he certificate, writing the word "pending" in pencil in should be forwarded to the Chief Medical Examiner's hours poges 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO certificate should be executed within ADDRESS (Yes. no. or unknown) MYRTLE 125 RIVERSIDE within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF burial-tronsit Conditions, if ony, which gove rise to immediate couse (a), in ony DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 05 remaval, CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OR 20. AUTOPSY? WAS PERFORMED? YES [ NO T pe 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Poge NOT WHILE AT WORK AT WORK buriol, 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 17 Inquiry 1 and in my apinion Suicide death resulted\_fram: Natural causes Homicide Undetermined monner Accident CHIEF MEDICAL EXAMINER Health prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE DEPUTY MEDICAL EXAMINER moy ADDRESS(Street, city, town, or county) NAME (Type) /TELY 50 BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) ZION LUTYERAN ma 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) CONNELLY MACEDATEFFE 10M REV, 1/68



4	1		00289 DIVISION OF	VITAL RECORDS, 301 W. PI			00285
					ATE OF DEATH	A DAYE OF DEATH	
	fter death.  funeral  s 1 and 2 fter death.		EASED-NAME First Maude	Ellen C	anon	Pa. DATE OF DEATH  Manth 1 Day	2 Year 68 2b. HOUR
	Gurs after the fur services I have after	3. \$1		hite	S. DATE OF BIRTH Nov. 11, 1		FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
•	7.6		RTHPLACE (State or foreign y) Pa. 7b. CITIZEN OF WH	AT COUNTRY? 8. MARRIED WIDOWED	MEACK WAKKIED	COUNTY OF DEATH  Baltimore Co	• Md.
	0 7 5		Towson, Md. give s	ME OF HOSPITAL OR INSTITUTION (If n treet address) 106 Cent:	re Ave during most	CCUPATION (Kind of wark dane of warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	requires that the death certificate be executed within g physician.  In signed by the attending physician and completely fills burial-transit permit. Then please remarke carboty partial, crematian, ar remayal, and in any event, within a burial, crematian, ar remayal, and in any event, within	13a. adm	SUAL RESIDENCE (Where deceased lived, if institution) STATE Md. 13b. COUNTY	an: Residence before   13c. CITY OR Baltimore Tow	TOWN 13d. INSIDE CITY LIMITS	13e. STREET AND NUMBER	Avenue
	and co	14.	THER'S NAME First Middle		. MOTHER'S MAIDEN NAME First	Middle	Last
	be and		Sidney J.	Wilmot			Jenkins
	equires that the death certificate be exemply physician. signed by the attending physician and control of the burial-transit permit. Then please remand burial, crematian, ar remaval, and in any	160	VAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give wor or dates of service)		Mr. Russell	West 106 Cent	re Ave.
	The The		8. CAUSE OF DEATH (Enter only one cause per lin	e far (a), (b), and (c).)	10 4	1 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ndir ndir nit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	reinous of	Breastwith ?	nelastases	7 years
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	equires that the physician. signed by the control principle burial-transit probrial, cremation		) (c)				
	v required by the but to but t	×	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO	) THE TERMINAL DISEASE OR CON		
	The law requires the attending physician, has been signed by se as the burial-traith prior ta burial, cre	CERTIFICATION	9g. DATE OF OPERATION 19b. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a. AUTOPSY? YES NO NO	20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	SIDERED IN CERTIFYING
	ital ar ificate far us	MEDICAL CER	TO. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  If either, notify medical examiner)  21b. TIME OF HOUR A.M. P.M.	INJURY 21c. HO Manth Day Year	OW INJURY OCCURRED (Enter no	ture of injury in Part 1 or Part 2, Ite	m 18.)
	PHYSION TO	MED		AT HOME, FARM, STREET, FACTORY.) 21f. LC	OCATION Street ar R.F.D. Na.	City or Town	Caunty State
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta		22a. I certify that (I) (this hospital) atte saw the deceased alive an causes stated abave, (I) (***) (did)	ended the deceased from A	d that in (my) (aux) apinio	n death accurred an the date	that (I) (we) last and haur and fram the
	OR ATTI be retain SIRECTOR 6 3 shau ed with t		12b. SIGNATURE	Marien J DEGR	ATTENDING - MED.	TOR PHYS. 22c. DA	TE SIGNED /3/68
	Page 4 may b To FUNERAL D director, page Shauld be file		PHYSICIAN'S NAME (Type) / Myrton G	annes	22e. ADDRESS 7800 You		
	O HOS	230	BURIAL, CREMATION, 23b. DATE	23c. N'AME OF CEMETERY OR		3d. LOCATION (City ar Tawn)	(Caunty) (State)
	5 5 5 K			68Dulaney Va		den, Towson , 1	Balto, Md
	VR A S (4)	24.	UNERAL DIRECTOR	ADDRESS	2Sa. REC'D BY R	EGISTRAR 2Sb. REGISTRAR'S SI	GNATURE Sand
	30M REV. 1/68		11 Man 10th h	814 W. 36 + St.	21211 DATE JA!	4 1968 Jacob	0 0

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	1			MARYLAND STATE DEPARTMENT OF H		
			7"	pivision of vital records, 301 w. Preston street, Baltimens 7a &7b Film G396 1/12/68 kk CERTIFICATE OF DEATH	MORE, MARYLAND 21201	00000
1	) \	/	Tr	ems 7a &7b Film G396 1/12/68 kk CERTIFICATE OF DEATH		00286
	i of		1. DI	CEASED-NAME First Middle Lost )	2a. DATE OF DEATH	, 2b. HOUR
	TO TO THE PERSON NAMED IN COLUMN TO		(1	rpe or print) M. Canles	Month Dgy/	Year C VIII PM
			3. SE	Addied Lattes	6. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.
	E 32 6		3. 31	Emale Cauc 9/27/85		MONTHS DAYS HOURS MIN.
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			/a. l	WALVIED WEARVIED	COUNTY OF DEATH	
				USA WIDOWED DIVORCED	DANTIMORE	Md.
	physician.  signed by the attending physician and campletely filled is burial-transit permit. Then please remave carban paper burial tremating ar remayal and in any event within 72.		10. 0	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUA)	L OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
1	ed within pletely fill carban pe	56	B	Autimore - Md. Greater BALTINDRENEL Center +	st of working life even if retired.)	INDUSTRY
à	d v		130.	USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIM		0 \ (2)
*	mp we eve	30	admi	sion) STATE 13b. COUNTY   BANTIMORE YES IN NO		au la.
3	e execution to a compare the compare to a co		14	ATHER'S NAME , First Middle Last 15. MOTHER'S MAIDEN NAME FI		Inst
8	and rem	4	1	1 1	14110010	
8	e b an ase		140	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. DIPORMANT		UNINON
N	icate b		Y	es, new or unknown) (If yes give war ar dates of service)	Address T	
	that the death certificate be executed an.  by the attending physician and cample ransit permit. Then please remave can remotian arremayal and in any event			110 214-22-9773 VAILENT	3 CHARL	A DONA OVER A VIETNAMA
7	en de			18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
8	ndi it.			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho-bneumonla		2 weeks
3	attendi permit.			436. 9 DUE TO, OR AS A CONSEQUENCE OF		
7	the the sit p			(anditions, if ony, which gave) (b) Corelino Voscular accepte	h	
13	msi msi			nse to immediate couse (a),		/
72	equires that the physician. signed by the burial-transit burial cremat			stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF		THE WORLD TO THE
-	physic physic signec burial				DUDITION ON THE BURN IN THE	
B	requir g phys n signe buric	2		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCO	INDITION GIVEN IN PART I(d)	
3	The law ratending has been se as the		No	33/X		
3	ence s b	2	SATI	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY?	20b. IF YES, WERE FINDINGS CO.	NSIDERED IN CERTIFYING
V - 1-	The aff	<i>.</i>	CERTIFICATION	YES NO X	CAUSES OF DEATH?	
y	ar ate			21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 ar Part 2, Ite	em 18.)
9	CI E E E E E E E E E E E E E E E E E E E		MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. 19		
6	HYSICIAI haspital certifica rched fai		ME	21d INJURY OCCURRED 21e PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, 1 21f IDCATION Street or R.F.D. No.	City or Town	Caunty State
03	PHY le ha his co			Think   Mai White		
6)	by the fitter this be detected.			22a. I certify that (I) (this haspital) attended the deceased fram 12/2/, 19 saw the deceased alive an 19/4, ond that in (my) (our) opin causes stated abave, (I) (we) (did) (and nat) view the body ofter deoth.	67 to 1/4 19	62 that (1) (wa) last
0	Aft be			saw the deceased glive an 1/4 19 67 and that in (my) (our) onin	nion death occurred on the dat	e and haur and from the
	ATTENDING stained by the CTOR: After I should be dight the State			causes stated abave, (1) (we) (did) (and nat) view the body ofter deoth.	non deally decented on the dat	o dira naor ana mam mo
	OR ATTENE be retained DIRECTOR: A le 3 shauld			ZZD. SIGNATURE	ZZ(, D)	ATE SIGNED
	OR SE	,			ED. STAFF RECTOR PHYS.	14/67
	A b b b b b b b b b b b b b b b b b b b	,		22d. PHYSICIAN'S	/ /	4
	SPITAL 4 may IERAL ar, pa	3		NAME (Type) DEREK A. BRUCE G. L	3. M. C.	
	S P P P	5	220	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Tawn)	(Caunty) (State)
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to		230.	REMOVAL (Specify) 1/8/68 St. Stanislaus Cem.	Baltimore, Mo	
1 7	5-5		24			
43	VR A15 30M REV.	5 (4)	24.	Schimmer runeral nome, inc.		
4/19	16 8 SUM REV.	. 1708		3331 Brehms Lane DATUAN	8 1968 Action	CES JULGE

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE, 1	8

	<b>.</b>	OEK III IO	ALE OF BEATT		Reg. Dist. N	lo.
1. PLACE OF DEATH a. COUNTY	ltimore	MARYLAND	2. USUAL RESIDENCE (Whe	are deceased lived. If insti b, COUN		fore admission)
b. CITY OR TOWN RURAL and give	(If outside corporate liminearest town)	its, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our Owings Mi	otside corporate limits, writ	e RURAL and give n	nearest town)
d. NAME OF HOSE	PITAL (If not in hospital. of Nursing	give street address) Home	d. STREET ADDRESS 10802 Reis	terstown Roa	d	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	James Fi	mst Middle Middle	Carpenter Sa	4. DATE OF Jan	Month 1	Doy Year 7, 19
s. sex Male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED NUMBER NOT NEVER MARRIED NEVER NEVER MARRIED NEVER NEVE	8. DATE OF BIRTH Feb. 24, 1875	9. AGE (In year lost) birthda		AR IF UNDER 24 HRS.  Hours Min.
during most of w	TION (Give kind of work orking life, even if retired	done 10b, KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State of Marylar		12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME HENry	L. Carpente	er	14. MOTHER'S MAIDEN NA Achia Hali			
15. WAS DECEASED E	VER IN U. S. ARMED FOR Ilf yes, give wor or dates of	ervice) 120 F/ 7000	informant Irs. Glayds Gri		Mills, M	d.
	EATH [Enter only one co	ouse per line for (o), (b), and (c).	Morsula	si i	01	NET AND SEATH
Conditions, if gave rise to caese (o), statin lying couse las	ony, which immediate graphe under	erleriose	leviese			?
PART II. O		IDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION	GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	WAS UNDERLYING A NG CAUSE OF DEATH FY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Po	ort I or Part II of item 18.)		
20c. TIME OF INJI	10	ar 20d. INJURY OCCURRED White Not while at work at work	LACE OF INJURY (Home, farm, actory, street, office bldg., etc.)	20f. (City or town)	(Count	y) (State)
21. I certify alive on	that I attended the	deceased from // deceas	h occurred at 5 %	M, fram the cause	s and on the d	saw the deceased late stated above DATE SIGNED

220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY emetery Thomas

22d. LOCATION (City. town. or county) Md.

00287

23. FUNERAL DIRECTOR'S SIGNATURE

00291

ADDRESS

24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR DATE IA M

line & Sons Reisterstown, Md.

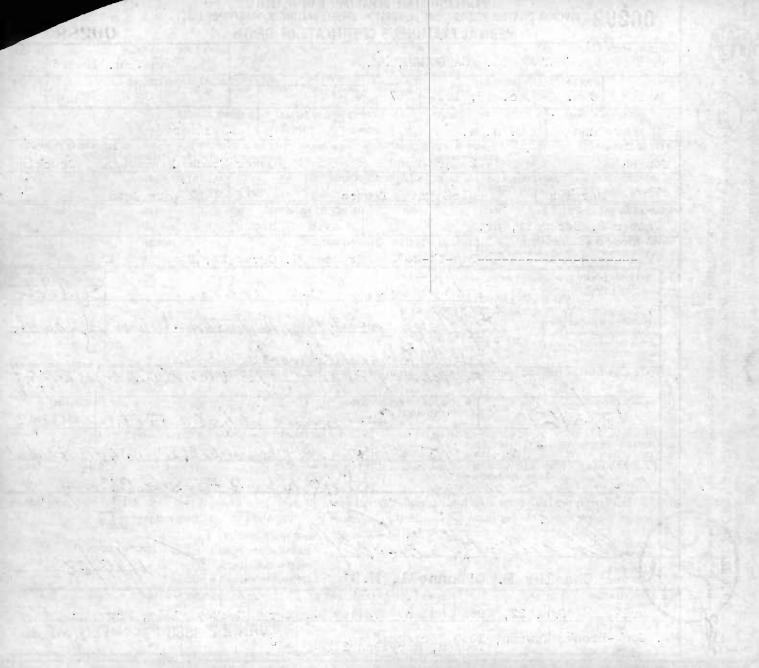
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FOR STATE		11029	MAISION		RECORDS, 30						AND ZIZO			00288	
HEALTH DEPT.		CEASED-NAME ype or Print)	First WALT	ER S	. CARSW	iddle ÆLL	JR.	Lost	1131			FZII-	Month	Doy Year 19 19 6	2b. HOUR
oy is 3 to Poge	3. SE	y I	4. RACE	S. DATE OF		6. AGE (1		IF UNDER 1 YEAR	IF UNDER	24 HRS.	DEATH N 2c. DATE PRO			19 19 0	2d. HOUR
dell dell 33.		Male	Cau.		19, 1900			ONTHS DAYS	HOURS	MIN.	Month		Doy	Yeor	24. 1100K
I, 2, c m PN Depart		IRTHPLACE (Stote	or foreign	7b. CITIZEN OF	WHAT COUNTRY?	8.	MARRI	EDX NEVER M	ARRIED 🗌	9. COU	NTY OF DEAT	TH			
2 0	count	Mary!	land	U. S			WIDOW		ORCED		altimo			14-5117	Me
Poge iith f		TY OR TOWN OF	DEATH		NAME OF HOSPI			f not in hospita			CUPATION (Ki		rk done etired.)	12b. KIND OF BU	SINESS OR
or de vive ng w		owson	E (Where deceos		102 York			TOWN	WO INSIDE CITY	ner	working life Truck		any	INDUSTRY Tru	icking
s after 18. Giv olong with death.	130. ad	mission) STATE	Aarvland	13b. COUNT	Baltimo	1	Tows		YES N		1402			d	
hours Item 18 Office 1 and 2	14. F/	ATHER'S NAME	First	Mic	Idle	Lost		S. MOTHER'S M	AIDEN NAME	First		Mid		Lo	st
	V	Valter S	S. Carsw	ell, Si	c.			Adle	El	у					100
hin 24 ncil in niner's pages hours	160. V	VAS DECEASED EV	ER IN U.S. ARMED F	ORCES? war or dates af service	16b. SOCIAL S			INFORMANT				ADDRES			
with per year with the per yea					214-1/		A F	rances	E. Ca	rswe	11, Sa	ame a	S#	L3 APPROXIMAT	E INTERVAL
		18. CAUSE OF PART I. D	<b>DEATH</b> (Enter onleath was Caused	y one cause pe BY:	er line for (d), (b)	), ond (c).)	2.4	, Od	-1	110					T AND DEATH
executed nding" in Medical permit.		250	9 IMMEDIA	IF CAUSE (0) _	OR AS A CONSER	0/1	1			<u> </u>	167	7	,	2	1000
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he w to th burin		last.	,	(1)	morp	6-101	mon	my Eda	ma +1	nei	mont	2.			//
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certification or writing or work or used a movol	ATION	190. DATE OF O	PERATION		19b. CONDITI		ICH OPERA	TION	***	- 1			401	20. AUTOPS	SY?
te, for rem	CERTIFICATION	17	15/6	7	WAS PE	RFORMED?	Zin	rive	ne	of	Left	Fe	100	YES [	NO Z
d be		210. EXTERNAL O	CAUSE WAS R CONTRIBUTING		OF INJURY Month	-		HOW INJURY						A A	, ,
ner cer cer cer les. should sh	MEDICAL	CAUSE OF DEATH	Н	Nour	P.M. Y (At home, form	192,		Truck			Che 67 City or	Log	inx	JUTOH	Cidensi
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O D D D D D D D D D D D D D D D D D D D	230	BURIAL, CREMAT		DATE				R CREMATORY	75KE33(31100		LOCATION (C		/n)	(County) (	Stote)
		REMOVAL (Speci Burial	fv)		1968 Du				neterv						,
	24.	ELIMEDAL DIDECT	OP			ADDDESS			2So. REC		TRIPR 19			SIGNATURE	eer.
VR A15ME (5)	wm.	. Cook-I	Brooks T	owson,	Towson.	ork Ro	ad	21204	DATE		- 10	1	1	0	0



1		MARYLAND STATE DEPARTMENT OF HEALTH	
1		00293 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	
10	DEC	CERTIFICATE OF DEATH	b. HOU
/		(rear print) Melvix F CASSell I Month 2I Day 68 Year I	2:0
3	. SEX	4. RACE 5. DATE OF BIRTH 6. AGE (In years   IF UNDER 1 YEAR   IF U	IDER 24 HR
		Male White 1-31-1919 48" YRS.	K3 MI
7	o. Bl	IRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED NEVER MARRIED   9. COUNTY OF DEATH   17y)   0.5 .A.   WIDOWED   DIVORCED   P. COUNTY OF DEATH   17y	
	O. CIT	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in basnital / 12a USUIAL OCCUPATION (Kind of work done 12b KIND OF RUSIN	IESS OR
55	K	ANDUSTRY GAS 4 El	ce.l
300	idmiss	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY Balto. 13b. COUNTY 13b. COUNTY 13c. NO 1721 WAdsworth W	5044
+1	4. FA	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Vahle Lo	ost
-	16a. V	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	K
	Ye	es, marknown) (If yes W. W. dotes 11 1 213-09-9396 Mrs. Eleanora Cassell Same	
		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:  PART I. DEATH WAS CAUSED BY:  PART I. DEATH WAS CAUSED BY:	ND DEATH
		HART I. DEATH WAS CAUSE (a)  White cause (b)  IMMEDIATE CAUSE (c)  DUE TO, OR AS A CONSEQUENCE OF	-
		Conditions, if any, which gove) a constative Heart taylure reneral 170mm	- Wa
55 1 30 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5	rise to immediate cause (o).  Stating the underlying cause (c) Coronary Twomleans Ohd M. I. Left shiticly Kenth	1
	1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
X 1	NO.	4201	
	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFY CAUSES OF DEATH?	ring
1		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
	ă	OR CONTRIBUTING CAUSE OF DEATH  HOUR A.M. Manth Day Yeor  (If either, natify medical examiner)  P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street or R.F.D. No. (ity or Town County)	
	11	21d. INJURY OCCURRED While Not work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County at work 21e of work 21e.	State
		22a. I certify that (1) (this haspital) attended the deceased fram 1-13-, 1962, ta 1-21-1968, that (1)	(we) l
		saw the deceased alive an	tram 1
	1	226. SIGNATURE WAS CALLE TO PATHOLOGY MED. STAFF 22c. DATE SIGNED DEGREE PHYS. DIRECTOR PHYS. 22c. DATE SIGNED - 2/-	65
1	1	DEGREE PHYS. DIRECTOR PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S	00
		NAME (Type)  Balto. (ounty General Hos	p.
2	23a.		rate)
-	24. F	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	- ALL 0
,		Leonard J. Ruck Inc. Ba Ito. Md. DAWAN 2 2 1968 Charley Judge	

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		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2126.	
18		00294 CERTIFICATE OF DEATH	
章 三名五八		CEASED-NAME First Middle Lost 2a. DATE OF DEATH  Year or print) Month Day Year	
fugeral fugeral		Rosario (astiala) 31 68	M
	3. 51	last highday Months Days Hours	HRS.
The off	-	Tale white 76 yrs.	
hau in b	cau	RIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 1	
n 24 ho illed in papers. nin 72 h	10 0	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OI	Md.
within 24 haurs affely filled in by the bon papers. Pages within 72 hours aff		Catons Ville give street address) Grove State Hay, Retired Shoe Maker INDUSTRY	·`
e executed within 24 hau and completely filled in bremave carbon papers.		USUAL RESIDENCE (Where deceased lived, if institution: Residence before sian) STATE 13b. COUNTY Button Baltimore 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 3120 Kasalie Ave 3	24
d co	14.	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost	7
be ex and e rem lin an		Julius Castiglia Antoinette Unknown	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haups be retained by the haspital ar attending physician.  SIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pade with the State Dept. af Health prior to burial, crematian, or removal, and in any event, within 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? es, na no yunkna wn) (If yes give war or doites of service)  2 1 2 - 0 7 - 28 12  16b. SOCIAL SECURITY NO. 2 1 2 - 0 7 - 28 12  17. INFORMANT PROSECTIA Castic Jacks Same	-
certi g ph Then mov	F	18. CAUSE OF DEATH (Enter only one cause per lim for (a), (b), and (A)	
ath ndin it. ]		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure	UFI
ne death attendi permit.		486 X DUE TO, OR ASYA CONSEQUENCE OF	
the sit p		Conditions, if any, which gave) (b) fremon ?-	
tha an. by rran		rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF	
equires that thy physician. signed by the burial-transit burial, crema		lost. (c)	
The law requires th attending physician has been signed by se as the burial-tra th prior ta burial, cre	-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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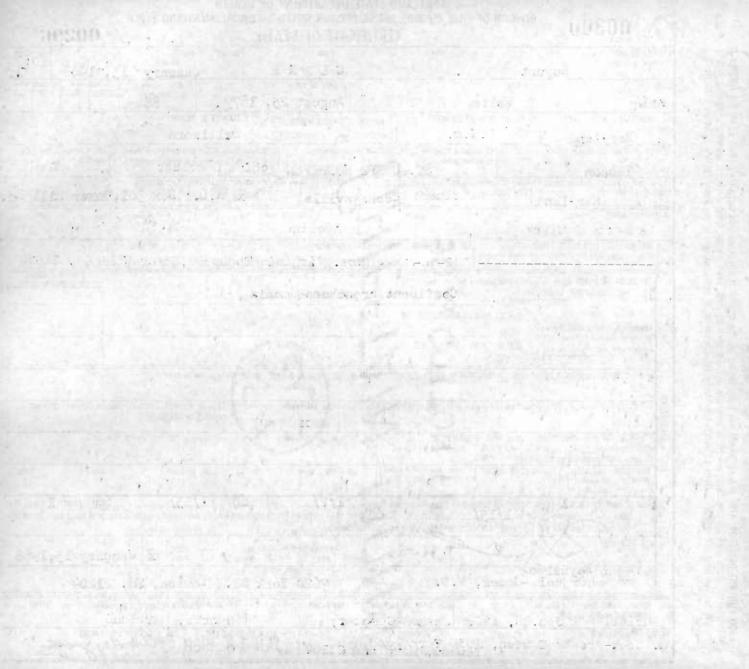
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	or or ate	- 1		T WAS UNDERLY	ING 21b. TIME OF		21c. HOW INJURY		ure of injury in Part 1 or Port 2,	, Item 1B.)
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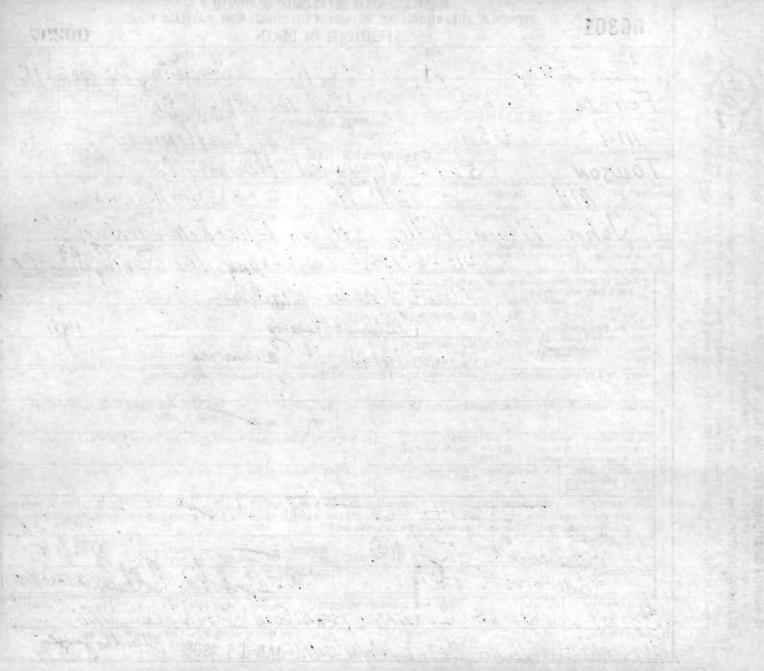
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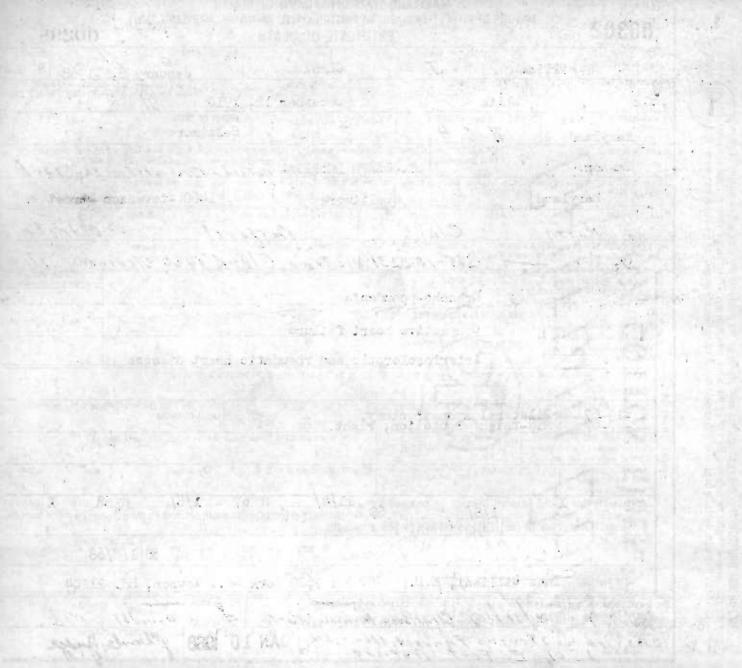
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00300 CERTIFICATE OF DEATH 00296 DECEASED-NAME First Middle Lost 20. DATE OF DEATH death (Type or print) Month W. CLARK August January haurs after S. DATE OF BIRTH 6. AGE (In years 3. SEX 4. RACE IF UNDER 1 YEAR within 24 haurs after last birthday) YRS. OAYS White August 25, 1879 Male 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED filled in country) remave carbon papers. U.S.A. Baltimore WIDOWED T DIVORCED [ Maryland burial, crematian, or remaval, and in any event, within 72 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address during most of working life, even if retired.)
Machine Operator INDUSTRY Tools Towson 13c. CITY OR TOWN 13e: STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before requires that the death certificate be executed 13b. COUNTYBaltimore NO TO R.D.1, Box 301, Boxer Hill Rd. Cockeysville 14. FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME First Middle Adeline Robert Clark attending physician sermit. Then please 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) Mrs. Virginia Thompson, Boxer Hill Rd. 21030 212-10-9658 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
Confluen BETWEEN ONSET AND GEATH Confluent bronchopneumonia burial-transit permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF signed by be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) shauld be detached for use as the this certificate has been 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? CAUSES OF DEATH? NO 🗌 YES X 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. Month Day Year OR CONTRIBUTING CAUSE OF GEATH (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INILIRY OCCURRED City or Town County While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased fram 1/2/ , 19 68, ta 1/15/ , 19 68 , that (1) (we) last saw the deceased alive an 1/5/ 19 68, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated bave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF January 15,1968 DEGREE DIRECTOR director, page PHYS 22d. PHYSICIAN'S Reynal do 22e. ADDRESS NAME (Type) Or juela-Gomez, M.D. 7620 York Rd., Towson. Md. 21204 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION, 23b. DATE (County) Burial (Specify) Sparks, Maryland 0 Jan. 18, 1968 Jessop Cemetery 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1050 York Road Towson, Maryland 21204 m. Cook-Brooks Towson,

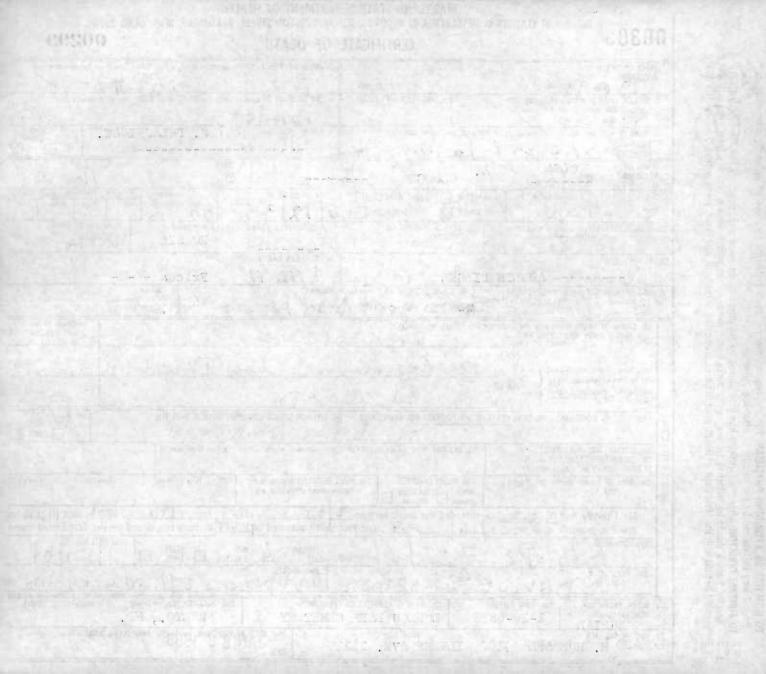


		MAR	YLAND STATE DEPARTMENT OF HEALTH	
	1	00301 DIVISION OF VITAL RECO	ORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		00307	CERTIFICATE OF DEATH	00297
		CEASED-NAME First Middle		2b. HOUR
		(pe ar print) Edna K	CLARK CLANUARULE	1 1860 TP M
	3. 9	4. RACE	S. DATE OF BIRTH 6. AGE (In yyors	IF UNDER 1 YEAR IF UNDER 24 HRS.
		Femalo White	Oct 10 1886 last birthday) YRS.	MONTHS DAYS HOURS MIN.
		IRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
		my Mg USA	WIDOWED DIVORCED BALTIMONE	Md.
91	10.	TY OR TOWN OF DEATH  11. NAME OF HOSPIFA  give street address	LOR INSTITUTION (V not in pospital during most at working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
1 4	130	JSUAL RESIDENCE (Where deceased lived, if institution: Residence	befare 13 CUTY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
30	adn	sian) STATE Md 13b. COUNTY —	C/32/to YES NO NO 3349 Kesw	ick Rd
4	14.	ATHER'S NAME First Middle	Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SEC	CURITY NO. 17. INFORMANT , Address	21093
		rs, no, or unknown) (If yes give war or dates of service) 218 03		maview Ct
		IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b),	gnd (c).) (() 1 . 1 . 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	E ardiac Mailure	
		4409 DUE TO, OR AS A CONSEQUEN	NCE OF 1	1/1
		Canditians, if any, which gave	Charios Cheross	142.
	П	rise to immediate couse (a), DUE TO, OR AS A CONSEQUE	NCE OF, 1	
		(c) 1.) /+c/p	er Nophroma + (arcinoma	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	Z	4500		
	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION		CONSIDERED IN CERTIFYING
	I E		YES NO CAUSES OF DEATH?	
		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day	21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2,	Item 1B.)
	MEDICAL	(If either, notify medical examiner) P.M.	19	
	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, S'	TREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
		at work at wark		100
	1/	22a. I certify that (I) (this hospital) attended the d	eceased from XLC 27, 19 1, to the C4, 19	60 , that (I) (we) las
		saw the deceased alive an causes stated abave, (I) (we) (did) (did not) view	196/, and that in (my) (aur) apinian death occurred an the down the hady after death	ate and haur and fram the
		22b. SIGNATURE		DATE SIGNED.
		Murue - 18At	DEGREE PHYS. DIRECTOR DESTAFF PHYS.	1/16/68
		22d. PHYSICIAN'S	22e. ADDRESS DIRECTOR PRIS. 9	La Wal
		NAME (Type) LAURENCE (-/85)	6805 York Kd. Bally	100x 2 (212 MM)
	230	believing to the	LIME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
	24		DDRESS JOSO, REC'D BY REGISTRAR 256. REGISTRAR'S	SIGNATINE
8-	14,	uxuel Fineral Hume 212		Es judges
1	1	Ulgilla YIII JEST	+ SIII 11d 132/1/2 PAJAN 18 1968	0 0



-		STATE DEPARTMENT OF HEALTH		
		TOTAL W. PRESTON STREET, BALTIMORE, PRINCE		00298
1.	DECEASED-NAME First Middle (Type or print)		TE OF DEATH  Month Dgy	Year 2b. HOUR
	(Type or print) William J.	CLARK	January 8.	1968 O AN
	SEX 4. RACE	S. DATE OF BIRTH	last birth days	NDER 1 YEAR   IF UNDER 24 HRS.
	Male White	December 12, 191	O last birthday) yrs. MONT	.ns pars nouks min.
70	. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8.		Y OF DEATH	
co		WIDOWED DIVORCED Bal	timore	Md
10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTIT	UTION (If not in haspital 12a. USUAL OCCUPA	TION (Kind of wark dane 12	2b. KIND OF BUSINESS OR
8		SEPH HOSPITAL Puring most of wor	MichinesT	NDUSTRY 3hil yard
13c	mission) CTATE - 125 COUNTY	3c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13	Se. STREET AND NUMBER	
	maryland		1460 Stevenson	Street
14	. FATHER'S NAME First Middle Lost	15. MOTHER'S MAIDEN NAME First	Middle	Lost
_	Harry Clark	Mergare		0'100/8
16	ia. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	17. INFORMANT	Address	1 4
	No - 215-10-02	31 Victoria Clark	1460 STEVEN	sen 31.
	18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho-pnet	umonia		
	DUE TO, OR AS A CONSEQUENCE OF			AND RESERVE
	Canditians, if any, which gove) (b) Congestive h	neart failure		
	rise to immediate cause (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF			
-11		rotic and rheumatic he	art disease	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)	
	4200			
ATIO	190. DATE OF OPERATION 1196. CONDITION FOR WHICH OPERATION WAS PERFO	DRMED 20g. AUTOPSY? 20	Ob. IF YES, WERE FINDINGS CONSID	DERED IN CERTIFYING
CEDTICICATION	13. DATE OF OPERATION 136. CONDITION FOR WHICH OPERATION WAS PERFO Bilateral sympathectors of the condition	omy YES NO   O	AUSES OF DEATH?	
	and the state of t	21c. HOW INJURY OCCURRED (Enter nature of	injury in Part 1 or Port 2, Item	18.)
MEDICAL	DR CONTRIBUTING CAUSE OF DEATH   HOUR A.M.   Month Doy Yeor   Control   P.M.   19	RECEIVE TO LEGISLA		
ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTOR	21f. LOCATION Street or R.F.D. No.	City or Town Co	ounty Stote
	While Nat while at work at work			
	220. I certify that (X) (this haspital) attended the deceased	from 11/4/ , 19 67, to	1/8/ , 19 68	that (K (we) las
	220. I certify that (X) (this haspital) attended the deceased saw the deceased alive an 19	68, and that in (my) (our) opinion dec	ath occurred on the dote o	nd hour and from th
	couses stated above, (I) (we) (did) (did not) view the bo	dy atter deoth.		
	22b. SIGNATURE	ATTENDING MED.	STAFF 22c. DATE 1/8/6	SIGNED
	Millia	DEGREE PHYS. LI DIRECTOR	STAFF IN 1/8/6	00
	22d. PHYSICIAN'S NAME (Type) Ines Cilliani, M.D.	22e. ADDRESS 7620 York Rd	, Towson, Md. 2	27 204
-				
23				(Stote)
0.4	MINERAL DIRECTOR		AR 25b ARGISTRAR'S SIGN	NATURE .
124	Charles L. STEVENS Funeral	Home, Inc. 250 RECD BY REGISTR	968 Millionles	Judge
	1501 F. FART AVP	MUE VAIL		





1		00304	D	IVISION OF	VITAL RECORDS	301 W. P		ET, BALTIMOR		ID 21201	0.0	000
<u>۔</u> انے	DEC	EASED-NAME	First		Middle		Last		. DATE OF DEATH		00.	300 2b. HOUR
death		pe ar print)	RICHA		Milto	n 00	LEMAN		Jan. M	antly Day	00	3:45p M
3.	SEX	MALE		4. RACE WHO			S. DATE OF BIRTH		6. AG 615t	E (In years birthday) YRS.	IF UNCER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
70	o. Bl	RTHPLACE (State or Py) BALTIM	foreign 7b	U.S		WIDOWED			BALTIMO			Md.
8			orexTov	vson give	AME OF HOSPITAL OR IN	Hospi	tal	during mast af DO DO INSIGE CITY LIMITS?	Warking life, ev	af wark dane en if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
30 00	la. L	sual residence (vinal rylland	Vhere deceased	lived, if institu 13b. COUNTY	tian: Residence befare			INSIDE CITY LIMITS?	13e. STREET AN 1001 Ma			
4 14	4. FA	THER'S NAME	First	Middle	Last		S. MOTHER'S MAID		1.2	Middle		Last
1	60 1	VAS DECEASED EVE	eorge	A .	Colema 116b. SOCIAL SECURITY		INFORMANT	Elizab	eth	Ben	jamin	
"	Ye	s, na, ar unknawn)	(If yes give war or	dates of service)	216-05-			PA K	Cole		ame)	
-	T	8. CAUSE OF DEA	ATH (Enter anly a	ine cause per li	ine far (a), (b), and (c	.)		110	0016	10	APPROX	IMATE INTERVAL DISET AND DEATH
		PART I. DEATH	I WAS CAUSED BY	Y:	Metastat		cinoma		1			
		Canditians, if any,	which nave \	DUE TO, OR	AS A CONSEQUENCE OF							
	1	ise ta immediate	cause (a),	(b)	AS A CONSEQUENCE OF							2 10 10
		stating the underlast.	lying cause	(c)	AS A CONSEQUENCE OF		25.63					
1	I	PART 2. OTHER SIG	NIFICANT CONDIT	IONS CONTRIB	UTING TO DEATH BUT I	IOT RELATED T	O THE TERMINAL D	ISEASE OR CONDIT	ION GIVEN IN PA	RT 1(a)		
100	NO.	9g. DATE OF OPERA	TION TION CON	IDITION FOR WI	HICH OPERATION WAS P	DEODMED	20a. AUTOPS)	<b>/</b> 2	JOHN IE VEC W	EDE EINIDINGS (	ONSIDERED IN C	EDTIEVING
2	CEKTIFICATION	YO. DATE OF OPERA	176. COP	ADITION FOR WI	TICH OFERATION WAS F	Krokmed	YES T	NO 🔼	CAUSES OF DE		ONSIDERED IN C	LKIIIIIII
	¥	In ACCIDENT WA	CAUSE OF GEATH	21b. TIME C HOUR A.M. P.M.	Manth Day Year		OW INJURY OCCUR		re af injury in Po	art 1 ar Part 2,	Item 18.)	
7380		21d. INJURY OCCUP While Nat whi t wark at warl	RED 21e. PLA	ACE OF INJURY	( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		OCATION Street of	ar R.F.D. Na.	City ar Taw	'n	Caunty	State
		22a Leartifu t	hat (1) (this I	baspital) att e on l) (we)(did)	ended the decease	ed from_ 19_68, an body after	12-20 d that in (my) death.	, 19 <u>67</u> (our) opinion	, ta <u>1=7</u> death occurr	ed on the do	68, tho	t (I) (we) last and fram the
	Ī	22b. SIGNATURE	neas	110	lyaplu		ATTENDING	MED.	STAF	22c.	1-7-68	
1		22d. PHYSICIAN'S NAME (Type)	Dr. Lu	cas Vi	hyaphum		22e. ADDRES 7620	S York Ro	pad, Bal	timore	Md. 2	1204
23	3a.	BURIAL, CREMATION	, 23b. DAT		23c. NAME OF	CEMETERY OR			I. LOCATION (City	ar Tawn)	(Caunty)	(State)
2	4 F	REMOVAL (Specify) UPIAL UNERAL DIRECTOR N. Jenki	1/1	0/68	Dulare ADDRES	y Val	ley Mem	Sa. REC'D BY REG	SISTRAR 25	b. REGISTRAR'S	SIGNATURE	
ı E		· · · · · · · · · · · · · · · · · · ·	12 W L	B	alto 12	Md	D	ATE AN	1968	Xuin	THE WALL	T.F.

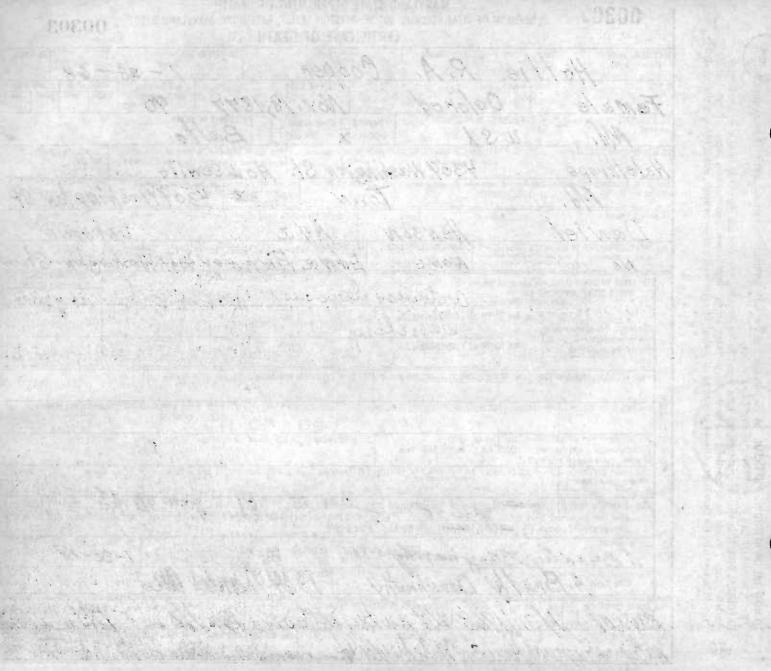
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FOR STATE	Item 2a Film G397 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. DECEASED-NAME (Type or Print)  Sophia Maude Coleman  2a. DATE KNOWN Manth Day Year 2b. HO OF ESTI- DEATH MATED 1  NAMED 1  DEATH MATED 1  NAMED	UR M
deloy ond 3 M3 Pg	3. SEX Female S. DATE OF BIRTH 10-21-02 6. AGE (in years lif under 1 Year if under 24 Hrs. Nonths OAYS Hours Min 2c. DATE PRONOUNCED DEAD Month 1 Day 21 Year 19 68	)UR M
form form te Desp	70. BIRTHPLACE (Stote or foreign country) W.Va.  75. CITIZEN OF WHAT COUNTRY?  WIDOWED W DIVORCED 9. COUNTY OF DEATH  Baltimore	Md
ve Pages ve Pages ywith for	10. CITY OR TOWN OF DEATH  Towson 21204  11. NAME OF HOSPITAL OR INSTITUTION (if not in hospitol during most of working life even if retired.)  12. USUAL OCCUPATION (Kind of work done during most of working life even if retired.)  INDUSTRY Home	
18 Give	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admiss Marylland 13b. COUNTY Balto. 21234 YES NO 18 8115 Delesford Rd. 21204	
24 hour in Item r's Office es land	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Birdie Pratt	
d within 24 n pencil in Exominer's File pages n 72 hours	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, Nigknawn) (If yes give wor or doles of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 21248 234 O1 0588 D Mrs. Kathryn Dare, 3708 Pinelea Rd.  APPROXIMATE INTERVAL	
xecuted Inding I Medicol permit.	18. CAUSE OF DEATH (Enter only one cause per line tot (at), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  BY:  BY:  BY:  BY:  BY:  BY:  BY:	1
ate should be e g the ward "per ed to the Chief t a buriol-tronsit ond in ony even	rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF 24 Da.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE SPECONDIDENT SINEMAN PART COMPANIES TO THE STORY OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE SPECONDIDENT SINEMAN PART COMPANIES TO THE SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE SERMINAL DISEASE SPECONDIDENT SINEMAN PART COMPANIES CONTRIBUTIONS CONTRIBUTIO	1
his certificat ate, writing e forwarded be used as remaval, or	190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION  WAS PERFORMED? Fractived Left Tibia  20. AUTOPSY?  YES NO	
(AMINER: Tee the certifice of a should be our files.)  Ous files.	PRIMARY OR CONTRIBUTING HOUR A.M. 12/2/1967 Fell of back forch  CAUSE OF DEATH  21d. INJURY OCCURRED  AND WHILE NOT WHILE NOT WHILE NOT WHILE OF INJURY (At hame, farm, street, large of the control of t	e
JIV SICAL EX IIV, pleose executed director. Pog be retoined for y RAL DIRECTOR: Proprior to buriel,	22a. I certify that I taak charge af the remains described abave, held an Autapsy, Inspection, Inquiry, and in my apini death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner  ACTUAL	ian
necessary the funers 5 moy be TO FUNERA Health p	NAME (Type) Dr. C.F. O'Donnell ADDRESS(Street, city, town, or country)  23a. BURIAL, CREMATION, REMOVAL (Specify) BUTIEN  23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BUTIEN  23c. NAME OF CEMETERY OR CREMATORY BUTIEN  23d. LOCATION (City or Tawn) (Country) (State)  Fayettsville, W. Va.  24. FUNERAL DIRECTOR  ADDRESS  25c. REC'D BY REGISTRAR'S SIGNATURE	
VR A15ME (5) 10M REV. 1/68	24. FUNERAL DIRECTOR  ADDRESS  ADDRESS  250. REC'D BY REGISTRAR'S SIGNATURE  Wm. E. Johnson 8521 Loch Raven Blvd. Balto. 21 204AN 23 1968  Clicyla United	

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MARYLAND STATE DEPARTMENT OF HEALTH 00303 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00303 CERTIFICATE OF DEATH 1 DECEASED-NAME Middle Lost 2a. DATE OF DEATH 2b. HOUR ond completely filled in by the funeral remove carbon popers. Pages 1 and/ (Type or print) 72 hours ofter 5. DATE OF BIRTH 3. SEX 4. RACE EF UNDER 1 YEAR IF UNDER 24 HRS. requires that the death certificate be executed within 24 hours after 6. AGE (In years last birthday) MONTHS HOURS YRS 70. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF 8. MARRIED please remove carbon popers. I, and in ony event, within 72 hc country): DIVORCED WIDOWED X 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? CITY OR TOWN 13e. STREET AND NUMBER odmissian) STATE 13b. COUNTY YES 🗀 NOTE cremotion, or removol, and in ony 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First 66. SOCIAL SECURITY NO. 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) permit. signed by the burial-transit p Conditions, if any, which gove ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse burial last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) os the prior to t O HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? for use YES [ NO | the Stote Dept. of Heolth 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M detached (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while at wark 220. I certify that (1) (this hospital) attended the deceosed from Del 15, 1967, to saw the deceased alive an-\_1962, and that in (my) (our) apiman death accurred on the date and haur and fram the should causes stated above, (1) (we) (glid) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR director, poge 3 should be filed v 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23b. DATE NAME OF GEMETERY OR CREMATORY (Stote) 230% BURIAL, CREMATION REGISTRAR'S SIGNATUR VR A15 (4) DATEJAN 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00308 00304 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH filled in by the funeral papers. Pages I and 2 requires that the death certificate be executed within 24 hours after death (Type or print) Month Frank COTTRELL Banjamin January signed by the attending physician and campletely filled in by the ful burial-transit permit. Then please remave carban papers. Pages 1\ burial, cremation, ar remaval, and in any event, within 72 hours after 4. RACE 5. DATE OF BIRTH 6. AGE (In years 3. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. last birthagy) YRS. MONTHS DAYS HOURS White Male January 22, 1907 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED country) Virginia Baltimore USA WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during mast of working life, even if retired.) INDUSTRY Towson 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY NO Baltimore 1404 Glendale Rd. 14. FATHER'S NAME First Middle 1 ast 1S. MOTHER'S MAIDEN NAME First Middle Unknown Unknown 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 223 03 0755 1404 Glendale Mrs. Mildred Cottrell APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Lobar pneumonia DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave) rise ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar ta k Emphysema left lung. far use as the 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES TO NO T director, page 3 shauld be detached far use shauld be filed with the State Dept. af Health 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town County While Nat while at work 22a. I certify that (1) (this hospital) attended the deceased from 1/15/ , 19 68 , ta 1/15/ , 19 68 , that (1) (we) last saw the deceased give an 1/15/ 19 68 and that in (my) (aur) apinion death occurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING January 15, 1968 M. P. DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Reynaldo Or juela-Gomez, M.D. 7620 York Rd., Towson, Md. 21204 23d. LOCATION (City of Town) (County)
Balto. Maryland. REMOVAL (SPECIFY) 23b 1-17-68 23c. NAME OF CEMETERY OF CREMATORY Moreland Mem.Pk. Cem (State) 0 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 8521 Loch Raven Blvd. 21204 Wm. E. Johnson 1968 30M REV

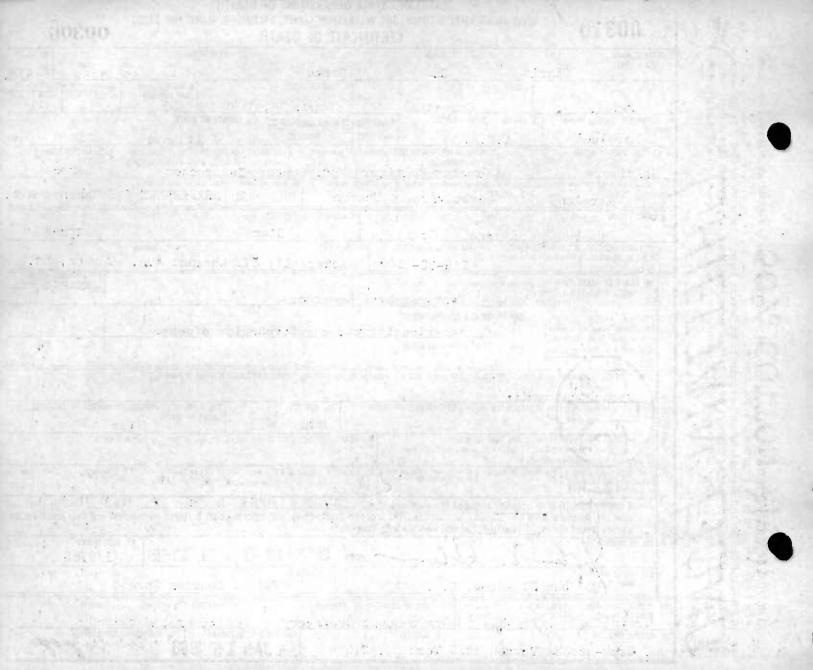
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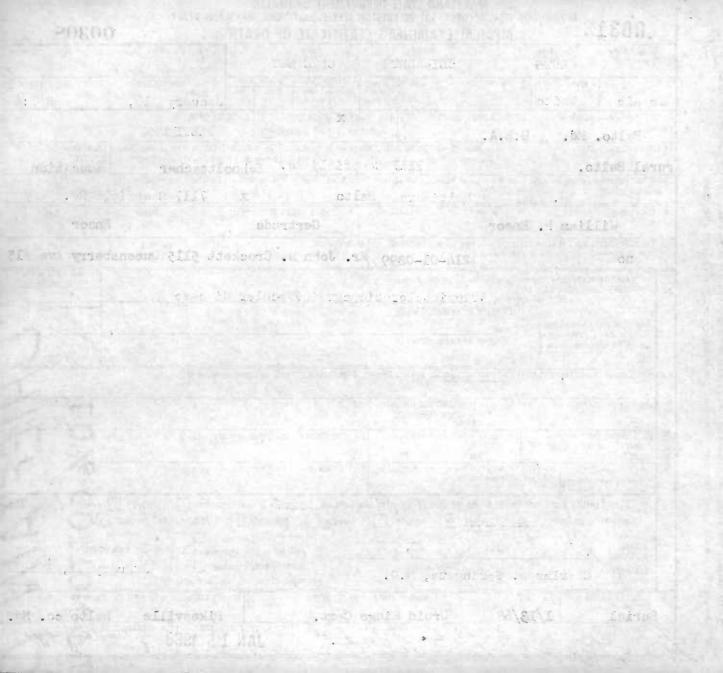
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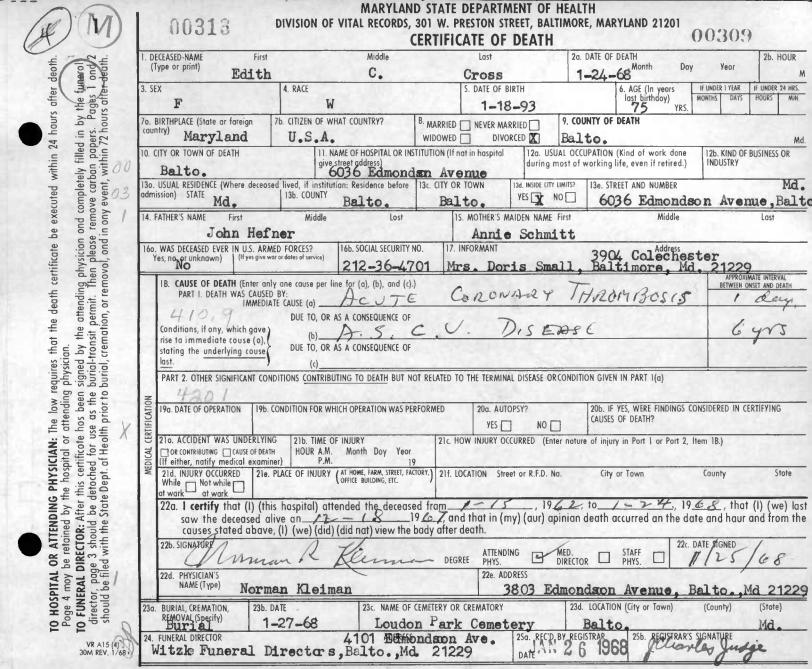
MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00310 00306 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b HOUR **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death (Type or print) Month Year Doy Claris I. Crane 6:47am 1968 6. AGE (In years 3. SEX 4 RACE S. DATE OF BIRTH IF LINDER 1 YEAR IF UNDER 24 HRS. in by the Pages last birthday) MONTHS OAYS HOURS Sept. 14, 1880 87 Female. Caucasian 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED [ DIVORCED [ Maryland U.S.A. Baltimore campletely filled within 7 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of wark done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) **INDUSTRY** Greater Baltimore Med. Center Instructor Horses Baltimore 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Baltimore YES NO X Towson and in any 14. FATHER'S NAME 1S. MDTHER'S MAIDEN NAME First Middle First Last Merryman Clara Ryland Crane Henry 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY ND. 17. INFORMANT Address Yes. no. or unknown) (If yes give war or dates of service) Pickersgill 615 Chesnut Ave. Towson, Md. ar remaval, 218-32-4300 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Intracerebral hematoma IMMEDIATE CAUSE (a) \_ crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) Arteriosclerotic cardiovascular disease rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) r use as the lealth priar tak has been Bronchopneumonia 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES K NO [ Yes FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year State Dept. af (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from 12/28, 19.67, to 1/9 . 1968 , that (I) (we) lost saw the deceased alive an\_ \_19\_68, and that in (my) (our) opinion death occurred on the date and hour and from the be retained director, page 3 shauld shauld be filed with the causes stated obave, (1) (we) (did) (did nat) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR 1/9/68 DEGREE 22d. PHYSICIAN 22e. ADDRESS NAME (Type) 6701 N. Charles Street John E. Adams, M.D. 23d. LOCATION (City or Town) (State) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, REMOVAL (Specify) Cremation 1/11/68 Baltimore, Maryland Green Mount Crematory 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Charles DATE JAN 15 1968 wm. Cook-Brooks Towson 1050 York Rd. 21204 30M REV. 1/8



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EXAMINER: ute the certi oge 4 should r your files. Page 3 shou	ME	21d. INJURY OCC		ACE OF INJURY ( ory, office building	At home, form, : ig, etc.)	street,	21f. LOCATION	N Street or	r R.F.D. No.	City or To	own	County	Stote	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00314 00310 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2b. HOUR 2a. DATE OF DEATH death requires that the death certificate be executed within 24 haurs after death funeral 1 and (Type or print) JANUARY HAROLD B. CUPP burial, crematian, ar remaval, and in any event, within 72 haurs after 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 3. SEX and campletely filled in by the remave carban papers. Pages MALE WHITE 12 birthday) OAYS HOURS 1/7/96 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED (X) NEVER MARRIED Pennsylvania U.S.A. WIDOWED | DIVORCED BALTIMORE. 12a. USUAL OCCUPATION (Kind af work dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR VET ADM. during most of warking life, even if retired.)

BAR TENDER **INDUSTRY** HOSPITAL ORT HOWARD BAR 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 1/3c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY YES 🔀 NO T 4211 E. Lombard Street MARYIAND CTITY BALTTMORE Middle 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First ALBERT CUPP HARRIETT GOLD 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) 194 07 89 59 CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. YES 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF GASTROINTESTINAL HEMORRHAGE DUE TO UNDETERMINED CAUSE signed by the burial-transit Conditions, if ony, which gave ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached far use as the State Dept. af Health priar to FUNERAL DIRECTOR: After this certificate has been PULMONARY EMPHYSEMA 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? NO K YES 🗍 4 may be retained by the haspital ar 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) 21b. TIME OF INJURY or contributing cause of Death (If either, notify medical examiner) HOUR A.M. Manth Day Year P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 220. I certify that (b) (this haspital) attended the deceased from 1/5/68 sow the deceased olive on 1/8/68 19 , and that in 6 , to 1/0/00 ond that in (our) opinion death occurred on the date and hour and from the director, page 3 shauld should be filed with the couses stoted obove, \*() (we) (did) \*(A) view the body ofter deoth. 22c. DATE SIGNED 1/8/68 22b. SIGNATURE MED. DIRECTOR DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S JOHN D. TALBERT, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) BALTIMORE NATIONAL BALTIMORE FUNERAL DIRECTOR ZANNINO FUNERAL HOME BALITIMORE,

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00311 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH-DEPT 1. DECEASED-NAME First Middle 20. DATE KNOWNER Month Doy (Type or Print) OF ESTI-John Page J. Czernikowski Jan. 12 1968 af pages 1 and 2 with the State Department IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE 6. AGE (In years 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH Jan. Male White 12 Oct. 12, 1905 62 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm country) Maryland U. S. A. WIDOWED | DIVORCED [ Baltimore 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street of 227 Stanhope Road Self-Employed Restaurant Owner Dundalk 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER after death odmission) STA Maryland 13b. COUNTY Baltimore Dundalk 1927 Stanhope Road YES NO DE 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME Middle First Middle lost Czernikowski Joseph Mary Zielinski .u haurs 16b. SOCIAL SECURITY NO. 17. INFORMANT (Wife) ADDRESS Rd. Dundalk. Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? within pencil (You no, or unknown) Mrs. Lillian Czernikowski. 1927 Stanhope Rd. 213-03-9146 File certificate shauld be executed event within CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditions, if any, which gave rise to immediate couse (a), writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .u ar remaval, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) SD 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗍 NO PAG pe 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item IB.) 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 3 shauld MEDICAL PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE T 22a. I certify that I took charge af the remains described abaye, held an Autopsy , Inspection . Inquiry K. and in my opinian Notural causes Accident 7. Suicide . Homicide deoth resulted from: Undetermined manner 6800 Mornington Rd. CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER K Dundalk, Md. **EXAMINER'S** Melvin B. Davis M.D. ADDRESS(Street, city, town, or county) 21222 NAME (Type) 50 P 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d LOCATION (City or Town) (County) (Stote) 1/15/68 Holy Redeemer Cemetery Baltimore, Maryland 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE John J. Duda. 7922 Wise Ave. Dundalk. Md. Ocharles & VR A15ME (5

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00312 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH requires that the death certificate be executed within 24 hours after death (Type ar print) Manth / 2 Day XXXXXX S. Dena DAV15 burial-transit permit. Then please remove corbon popers. Poge<del>s 1.</del> burial, cremation, or removol, ond in ony event, within 72 hours after 3. SEX 4. RACE 6. AGE (In years IF UNDER I YEAR S. DATE OF BIRTH last birthday) MONTHS DAYS HOURS AUGUST 23. 1939 YRS. in by 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED DIVORCED [ WIDOWED filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address during mast of working HOME 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e STREET AND NUMBER 13b. COUNTY 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First LILLIAN KRAUSE NATHANIEL 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes ng ar unknawn) INVI.M. RICHARD DAVIS. 3721 SPRINGDE 247-62-6630 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY lus Cardina IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the a burial-transit pe Canditians, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been see director, page 3 should be detoched for use os the should be filed with the Stote Dept. of Heolth prior to CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES P NO T this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 7 p. m 1/ 1960 7 4.100 22a. I certify that (1) (this haspital) attended the deceased from 1/12 \_19 62, and that in (my) (our) apinian death occurred an the date and have and from the saw the deceased alive an. O FUNERAL DIRECTOR: causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e, ADDRESS . VELAYOS NAME (Type) 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION REMOVAL (Specify) HEBREW YOUNG MENS BALTIMORE, MARYLAND 1-14-68 ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 30M REV. LEVINSON & BROS. . 6010 REISTERSTOWN ROAD

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH 00318 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00314 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR deoth within 24 hours after deoth by the funeral Pages Fand (Type or print) MALLIIW DAWSON 0. JANUARY 4:10PM 6. AGE (In years last hirthday) 3. SEX 4. RACE S. DATE OF BIRTH IF LINDER 1 YEAR IF UNDER 24 HRS. burial-tronsit permit. Then please remove corbon papers. Pages, burial, cremation, or removal, and in ony event, within 72 hours aft MALE HOURS WHITE 5/27/96 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED completely filled in DIVORCED WIDOWED | U.S.A. BALTIMORE COUNTY MARYLAND 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Conductor-Retired **INDUSTRY** FORT HOWARD HOSPITAL RATIROAD 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 113e. STREET AND NUMBER requires that the deoth certificate be executed 13b. COUNTY BALTTMORE 30 FORT AVENUE MARYLAND FIT HOWARD 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle Last THOMAS DAWSON NORA ISER 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no ocunknawn) (If yes give war or dates of service) 236 12 61 87 CLIN.RECR. VA HOSPITAL, FT HOWARD, MD. 18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA RECENT IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) (b) PULMONARY EMPHYSEMA, MARKED signed by the burial-tronsit p rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause (d) ARTERIOSCLEROTIC HEART DISEASE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. af Health prior to CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [ YES 🔀 TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Poge 4 moy be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED AT HOME, FARM, STREET, EACTORY, 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY State City or Town County While Nat while at wark 1/10/68 TO FUNERAL DIRECTOR: After 1/9/68 220. I certify that (1) (this hospital) attended the deceased from-saw the deceased glive an 1/10/68 19 ..., a ta and that in (ASA (our) opinion death occurred on the date and havr and from the couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. MED. DIRECTOR 1/11/68 DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS PETER V JUVAN, M. D. NAME (Type) VAH FORT HOWARD, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) (State) REMOVAL (Specify) Potomac Valley Memorial Pk. KEYSER WEST VIRGINIA **ADDRESS** 2Sb. 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68 John J. Duda WISE AVE. BALTIMORE, MD

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00319 00315 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death (Type or print) 850P.M Anthony Frank Deime1 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. ve carban papers. Pages event, within 72 haurs afte last birthday) DAYS HOURS 7/22/1910 Male Cau 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED = U.S.A. DIVORCED Baltimore.Md WIDOWED | Baltimore campletely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) **INDUSTRY** Greater Balto., Med. Center Baltimore 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY 5761 Edge Park Rd. 14 Balto. Md burial, crematian, ar remaval, and in any 14. FATHER'S NAME First IS. MOTHER'S MAIDEN NAME First Middle Last Middle William Deimel Frances Hartel physician ( 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) Yes, no. or unknown) Mary Hohman Deimel, wife, above 5-10-4921 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) \_\_\_ Acute Myocardial infarction DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) (b) Arteriosclerotic cardiovascular disease rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar to b has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? detached far use and the Dept. of Health p YES T NO T TO FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Month Day Year P.M. be detached State Dept. o 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Tawn County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram  $\frac{1/9}{1968}$ ,  $\frac{1968}{1968}$ , ta  $\frac{1/15}{1968}$ , that (I) (we) last saw the deceased alive an  $\frac{1/15}{1968}$ , and that in (my) (aur) apinian death accurred an the date and haur and from the director, page 3 shauld shauld be filed with the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF 1/16/68 DEGREE DIRECTOR PHYS. PHYS. 22e. ADDRESS 22d. PHYSICIAN NAME (Type) 6701 N. Charles Street John E. Adams, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Baltimore, Md. 1/19/68 Holv Redeemer Cem. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Funeral Home, APPRES. Milane DATAN Brehms

MARYLAND STATE DEPARTMENT OF HEALTH

SI	MARYLAND STATE DEPARTMENT OF HEALTH	
0	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0316
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03.0
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy	Yeor 2b. HOUR
N 5 5 5 1	(Type or Print) Charles R. Devese DEATH MATED - JAN 5	- 188 7:0 AM
Poge 13 to	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
	Mala Month Day Month's DAYS HOURS MIN. Month Day	V
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s after 18. Giv alang 2 with t death.	odmission) STATE Maryland 3b. (OB) altimore Woodlawn YES NO X 2108 Northland	Avenue
hours Item 1 Office Iand 2 after d	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
		2031
hin 24 ncil in niner's pages hours	William Devese Lilly May Howard  160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166b. SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	
within pencil camine camine pag	Ty(Yes, no, prynknown) (If yes give war or dates af service)	A = = = = = = = = = = = = = = = = = = =
70 :7	WW 11 Army 216-09-9550 Phyllis A.Devese-2108 Northland	
executed inding" in Medical E t permit. F	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (t).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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riffi or o val,	196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
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	196. CONDITION FOR WHICH OPERATION  196. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Month, Doy, Year  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18	YES NO
#= -		в.)
VER: certif hauld iles. shauld itian,	CAUSE OF DEATH P.M. 19	
All sl		ounty Stote
XAM te th your age crem	WHILE NOT WHILE   foctory, office building, etc.)	
3 > 5, ~ ~ ·	22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection All Inquiry	ond in my opinion
ICAL   exector. Page for CTOR:	death resulted from: Noturol causes Accident , Suicide , Homicide , Undetermined manner	ond in my opinion
Se ect ect ine ine a te a		
dir dir 1	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
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necessory, p the funeral 5 may be re 10 FUNERAL Health pria	NAME (Type) 6014 ED en and Cor HOE Porte To Med of ADDRESS (Street, city, town, or county)	
5 + 2 O H	230. BURIAL, CREMATION, PEMOVAL (Specific) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Court	inty) (Stote)
0	Burial 1-8-68 Lorraine Cemetery Baltimore, Maryl	and
A34 K	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA	
VR A15ME (5)	Ellsworth Armacost-4600 Liberty Hghts. Ave. DATE JAN 10 1968 10 Land	Ja . Ourse
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00322 00318 CERTIFICATE OF DEATH Middle Last DECEASED-NAME First 20. DATE OF DEATH (Type or print) DEY 10:05 William January 4. RACE 6. AGE (In years 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Male White April 9, 1902 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED U.S.A. Baltimore. Maryland WIDOWED [7] DIVORCED F 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL-OCCUPATION (Kind of work done burial, cremation, or removol, and in any event, within 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) **ANDUSTRY** the ottending physicion and completely to sit permit. Then please remove corbon Towson Joseph's and completely OMMONICALION 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 136. STREET AND NUMBER 13d INSIDE CITY LIMITS? The law requires that the death certificate be executed 13b. COUNTY Baltimore odmission) STATE, Maryland #21234 YES 🗀 NOX 8838 Satyr Hill Road 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Middle 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, na, or unknown) 712-03-6808HB/11 ARA APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

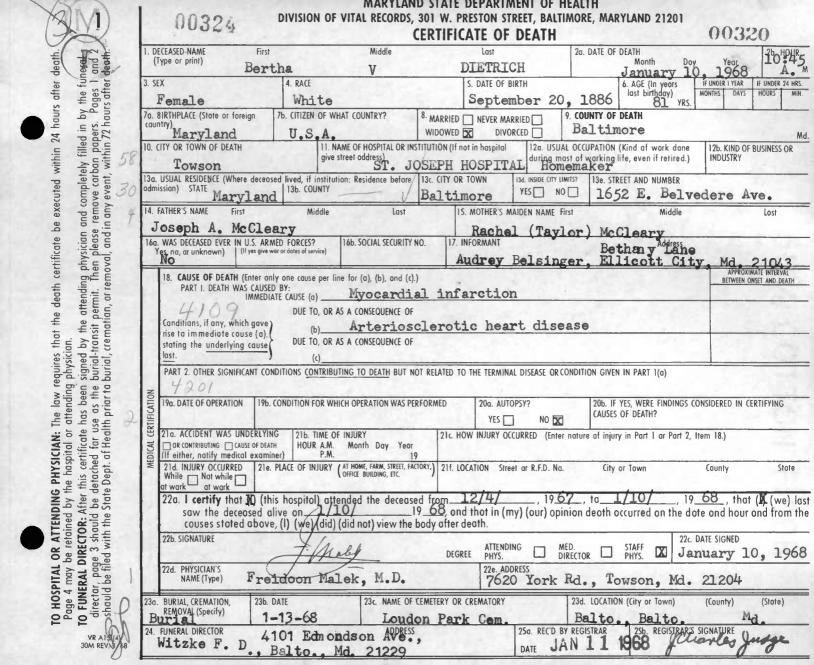
PART I. DEATH WAS CAUSED BY:

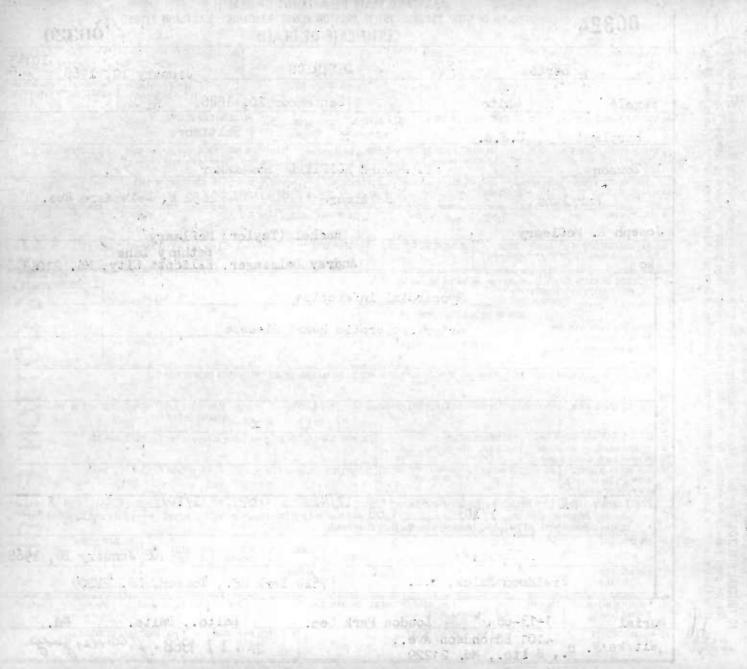
IMMEDIATE CAUSE (a) \_\_\_\_\_Cerebral he Cerebral hemorrhage DUE TO, OR AS A CONSEQUENCE OF hypertensive cardiovascular disease signed by the burial-transit p Conditions, if ony, which gave ) Coronary occlusion rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF congestive heart failure Page 4 may be retained by the hospital or attending physician.

• FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the b f Heolth prior to b 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO X 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) , page 3 should be detached be filed with the State Dept. of 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark 22a. I certify that AP(this haspital) attended the deceased franclanuary 3, 19.68, to January 20, 1968, that (we) last saw the deceased alive and anuary 20, 1968, and that in toxic (aur) apinian death accurred an the date and haur and from the causes stated above A) (wg) (did) (did 22b. SIGNATURE 22c. DATE SIGNED ATTENDING January 20,1968 DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S 3100 St. Paul St. NAME (Type) E. 23d. LOCATION (City-of-Town) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY, OR CREMATORY (County) (Stote) REMOVAL (Specify) 24 FUNERAL DIRECTOR **ADDRESS** 

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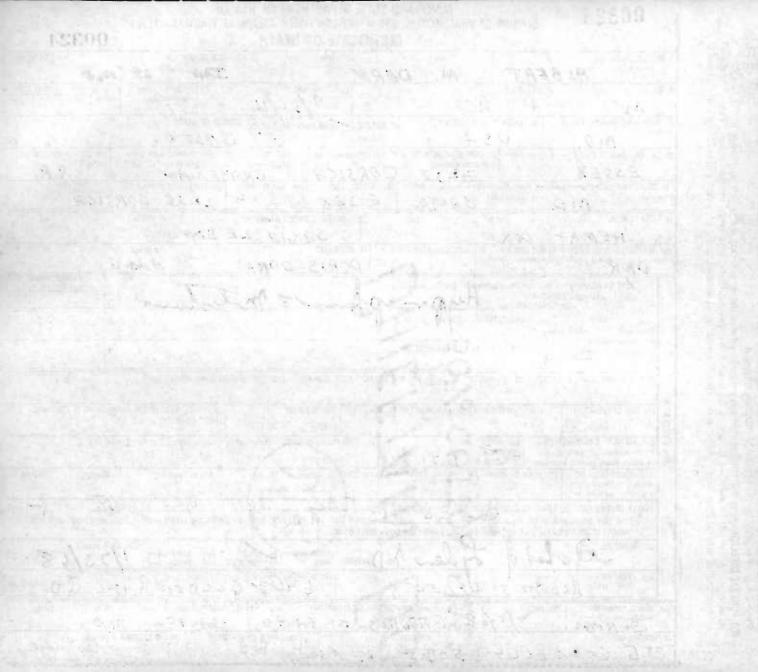
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	Page TO FUN direct	R		BURIAL, CREMATION, REMOVAL (Specify)  Jan	4 1968		METERY OR CREMATORY		LOCATION (City or Town) Baltimore Md	(County)	(Stote)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00327 00323 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages 1 and 2 burial, crematian, ar remaval, and in any event, within 72 haurs <u>offerabooth</u> (Type or print) January 4:30A Margaret DXXXXX Doory 4. RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) HOURS Female White August 30. 1900 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED A NEVER MARRIED Baltimore. country) U.S.A. Md. WIDOWED [ DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address) 6045 Morehead Road, Westview INDUSTRY Balto. 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Md. 13b. COUNTY Balto. 6045 Moorehead Rd. YES NO Tx 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle Lost Lost Flora Bishop Henry Nagel 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 6045 Moorehead Road Yes. no. or unknown) (If yes give war or dates of service) Mr. Richard Doory. 217-34-7575 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Coronary BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY occlusion Lhour IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF 3 years Arteriosclerotic cardiovascular disease Conditions, if ony, which gave ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health priar ta OR ATTENDING PHYSICIAN: The law 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? NO X YES [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote 21e. PLACE OF INJURY City or Town County While Not while ot work 22a. I certify that (I) (the hospitch attended the deceased from 19 00, ta 19 00, that (I) eve) last caw the deceased alive an December 29 19 07, and that in (my) (our) opinion death accurred an the date and haur and from the shauld be causes stated abave, (1) (XXX) (did) (did) (view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE - ATTENDING STAFF 1/13/68 director, page 3 DEGREE PHYS DIRECTOR PHYS. 1811 N.Rolling Rd. Balt. Md.21207 22d. PHYSICIAN'S NAME (Type) Millard T. Traband, Jr. M.D. 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) St. John's Cemetery Ellicott City. Md. 1-16-68 Rurial 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Witzke Funeral Directors, 4101 Edmondson Av Balto., Md. 21229 Munley & 30M REV.

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MARYLAND STATE DEPARTMENT OF HEALTH 00328 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00324 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR (Type or print) Month ALBER fune 4. RACE AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. burial-transit permit. Then please remave carban papers. Pages 1 burial, crematian, or removal, and in any event, within 72 haurs after 3. SEX S. DATE OF BIRTH The law requires that the death certificate be executed within 24 haurs after last birthday) campletely filled in by the nave carban papers. Pages DAYS HOURS YRS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) DIVORCED WIDOWED 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress) during most of warking life, even if retired.) INDUSTRY ESSEX 2235 BRAKEMAN 30. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN admission) STATE 13b. COUNTY ESSEX YES [ 7.235 CORSICA 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle and BOND HENRY attending physician permit. Then please 17, INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, no, or unknown) DORIS ABOVE APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ; rise to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES T NO F 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1B.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR TOM. OR CONTRIBUTING CAUSE OF DEATH Manth Day, Year 7.30P.M (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY. ) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Nat while at work (we) (old) (did not) view the body after death. couses stoted obove, (I) 22b. SIGNATURE ATTENDING M. DEGREE DIRECTOR PHYS. PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 0055 (- CLD IN 23a. BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) FA1TH 250. REC'D BY REGISTRAR PER 2 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 30M REV. 1/68 6. CONNELL SOIVS 300 MACGEDATE



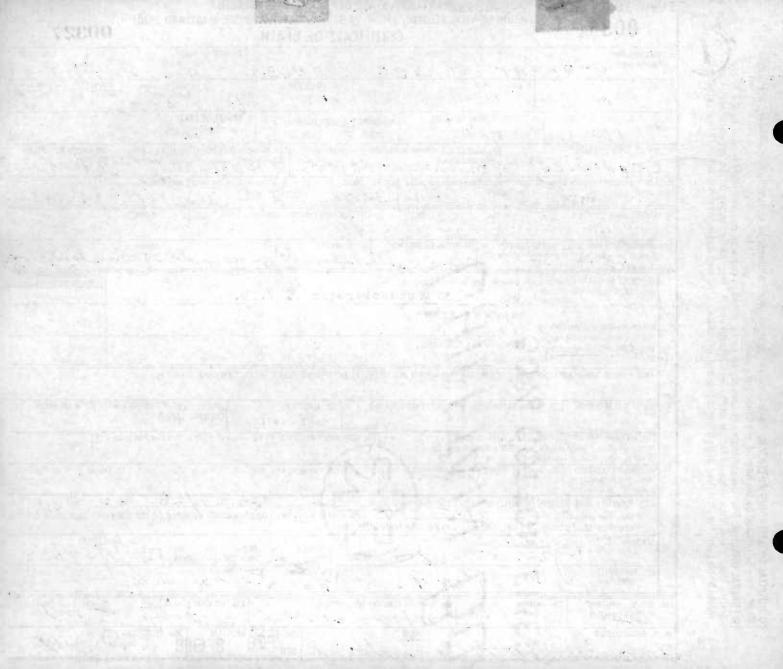
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		18. CAUSE OF DEATH (Enter on		(a), (b), ond (c).)	1 1	()	4 10	1-12	APPROXIMA BETWEEN ON	ATE INTERVAL SET AND DEATH
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		Conditions, if ony, which gave ) rise to immediate cause (a),	(b)	Chron	i dephil	tis			39	n
		stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE, OF	-/ a	nema		-	44	· -
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	ER!	210. ACCIDENT WAS UNDERLYIN		IRY	21c. HOW INJURY OCCUR		ure of injury in Part 1	or Part 2, Iter	m 18.)	
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			PLACE OF INJURY (AT HO	DME, FARM, STREET, FACTORY, E BUILDING, ETC.	21f. LOCATION Street of	or R.F.D. No.	City or Town		County	State
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		sow the deceosed a causes stated abave	live an (did) (did	19/2 of) view the bod	&, and that in (my) after death.	(ar) apiniar	death occurred o	n the dote	ond hour o	nd fram th
		22b. SIGNATURE	A	-1	ATTENDING	MED.	STAFF C	22c. DAT	TE SIGNED	
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	AN: al ol icate far t			21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		21c. HOW	INJURY OCCURRED (Enter natu	re of injury in Part 1 or Part 2, I	Item 18.)
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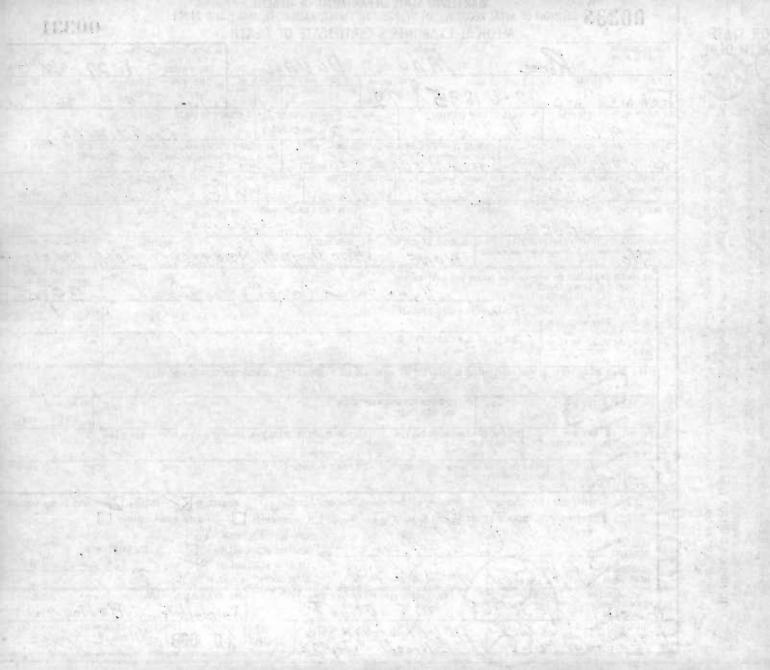
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00333 00329 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR death. requires that the death certificate be executed within 24 hours after death (Type ar print) INCAN Tohn ames 1168 135 pm IF UNDER 1 YEAR IF UNDER 24 HRS. signed by the attending physician and campletely filled in by the<del>stat</del> burial-transit permit. Then please remave carban papers. Pages I burial, crematian, ar remaval, and in any event, within 72 hours after 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) moree 1297 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED Baltimore County U.S.A. WIDOWED 🔀 DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind af wark done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) Mit : Willison State Hosp. Mount Wilson Interior ofeworter 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN admission) STATE 13b. COUNTY Balhmore Bulinne YES 🔀 NO T 4108 Pully Hel the Post. 34 mp 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Lost Queen John Welley Danwan Elizabeth 17. INFORMANT 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na grunknawn) Records, Mt. Wilson State Hospital (If yes give war or dates of service) 263 -28-8086 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) ULMONARY EMPHYSEMA PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o) envice enote O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH be retained by the haspital HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at work 22a. 1 certify that (1) (this haspital) attended the deceased from 2/4/, 1968, ta 2/22/, 1968, that (1) (we) last saw the deceased alive an 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the 19.68 to causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED.
DIRECTOR DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type William Newcomer, M.D. Mt. Wilson State Hosp. Mt. Wilson, Md. 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Peters Cemetery Daltimore Buri al 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH 11335 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00334 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 2a. DATE KNOWN Manth 2b. HOUR (Type or Print) ESTI-DEATH MATED IF UNOER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR land 2 with the State Depar 7a. BIRTHPLACE (State or foreign WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH (auntry) WIDOWED X DIVORCED [ in Item 18. Give Poges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Office along with during prest of warking life, ever if retired.) INDUSTRY USEWITE deoth. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c/CITY OR TOWN 13e. STREET AND NUMBER admission) STATE YES NO D oburood ofter 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle hours poges pencil ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS be executed within (Yes, not of unknown) (If yes give war or dates of service) NONE. File <u>\_</u> APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF burial-tronsit Canditians, if any, which gave rise to immediate cause (a). certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ forworded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 removol, CERTIFICATION used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES [ NO [ pe 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld HOUR A.M. MEDICAL PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town Caunty State factory, affice building, etc.) FUNERAL DIRECTOR: Page NOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection 7 Inquiry / and in my apinian death resulted frame Natural causes Accident ... Suicide [ Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE'SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE TO FUN. Health DEPUTY MEDICAL EXAMINER **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) 23g. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) **EUNERAL DIRECTOR** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5)



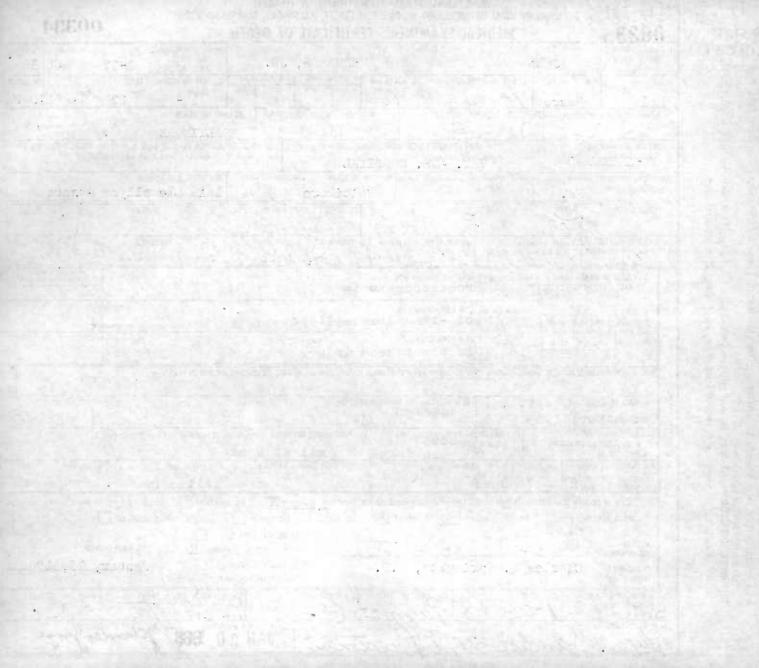
		MARYLAND STATE DEPARTMENT OF HEALTH	
2 1		00336 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00000
70 (M)		CERTIFICATE OF DEATH	00332
(1) (2)	1. D	DECEASED-NAME First Middle Lost 2a. DATE OF DEATH	2b. HOUR
death.	(1	(Type or print) - OHANNIA C DWUFR JAN 28	Year 2 1150 M
	3. SE	SEX 14. RACE S. DATE OF BIRTH 6. AGE (In years 1FU	UNDER 1 YEAR   IF UNDER 24 HRS.
the ages s aft		FEHale Cauc 12-4-1898 last birthday) YRS. MON	NTHS DAYS HOURS MIN
by by haur		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVLR MARRIED 9. COUNTY OF DEATH	
d irr		"Batto. ma U. St. WIDOWED DIVORCED   Ballimole	Md.
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after dead to hospital ar attending physician. The his certificate has been signed by the attending physician and campletely filled in by the funeration of the construction of the propers. Pages I and Dept. at Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after deat	10. (	give street oddress) ( ) m ( ) during most of working life year if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
d w detector		L'USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. MISIDE CAY LIMITS? 13e, STREET AND NUMBER	
and camplete remave cark in any event,	adm	nission) STATE md 13b. COUNTY - Bothmore YES NO 6000 Falls Rd	
d co	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
be re		Sulvester J. Roche Sohanna	Ryan
ate k ician lease and		a. WAS DEŒĂSED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
tific hys n p val,		Yes, na, or unknown) (If yes give wor or dates of service) 217-16-7546 Patients enart	
that the death certifi an. by the attending phy transit permit. Then I		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART 1. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he death ce tattending permit. The		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cerelsio - Vascular circular	16 his.
atte		4369 DUE TO, OR AS A CONSEQUENCE OF	
t the		Conditions, if any, which gave trise to immediate cause (a), (b)	
thain. by rans		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sicion sicion al-tra	-1	last. (c)	
equires that the physician. signed by the burial-transit p burial, cremati		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTASE OR CONDITION GIVEN IN PART 1(0)	
ing ing the ta	N	1 1 1 MOTENCIAL INFUNCTION	
IAN: The law real and are attending irate has been for use as the Health prior ta	CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONST	DERED IN CERTIFYING
The aff	RTIFI	YES NO NO DEATH:	
AN: al ar cate or us			18.)
af filling pictures and the second se	MEDICAL	(If either, natify medical examiner) P.M. 19	
DING PHYSICIAL by the hospital (fer this certifice be detached fo State Dept. af H	Σ	While I Not white I	ounty Stote
te D		lawork of work	/ Al-ia (I)
ATTENDING etained by th CTOR: After t shauld be di		220. I certify that (I) (this hospital) attended the deceased from 14/27/68 1964, to an 27, 1965 saw the deceased alive on 1962, and that in/(my) (our opinion death occurred on the date of	
R. Jen		causes stated abave, (1) (we) (and) (did not) view the body ofter deoth.	
F S S S S S S S S S S S S S S S S S S S		22b. SIGNATURE 22c. DATE	28# 1968.
OR ATTENDING De retained by SIRECTOR: After B 3 shauld be ed with the Stat		Nuncun Talue DEGREE ATTENDING DIRECTOR DIRECTOR PHYS.	128# 1968.
may be retained RAL DIRECTOR: A page 3 shauld be filed with the		22d. PHYSICIAN'S DUNCAN MCGHIE. 22e. ADDRESS E. 34 # ST.	
SPIT 4 m Gr, db			
Page 4 may be retained by the hospital ar  O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us should be filed with the State Dept. af Healt	23g	BURIAL (REMATION, 23b. DATE 23c. MAME OF CEMETERY OR CREMATORY, 23d. LOCATION (Gity or Town)	County) (Stote)
5 5 5 2 W	L	BEMOVAL (Specify 1-31-68 Beltimone National Balto Mi	
VR A15 (4) 30A REV. 1-68	24,	THUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	NATURE
30M REV. 1/68	L	Burger Fungrel Fome Beltimone Mit DATE AN 30 1968 Schools	1 July

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MARYLAND STATE DEPARTMENT OF HEALTH 00337 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00333 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR death January law requires that the death certificate be executed within 24 haurs after death (Type or print) EASTER ANNA CAROLINE 1968 6:50PM 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. December 25, 1893 DAYS White last birthday) the attending physician and campletely filled in by the sit permit. Then please remave carban papers. Pages Female 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Balto., Md. remave carban papers. n any event, within 72 h Baltimore U.S. WIDOWED T DIVORCED | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) give street address) St. Hoseph Hospital INDUSTRY Towson 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY 6418 Belair Road YES NO T Baltimore Middle 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First John Hoos Unknown 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give wor or dotes of service) 219-30-7210 Mr John G. Easter 6418 Belair Road 21206 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)
Pulmonary i BETWEEN ONSET AND DEATH Pulmonary infarction DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave ; pulmonary thrombo - embolism rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) the TO FUNERAL DIRECTOR: After this certificate has been Congestive heart failure 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? NO 🗌 YES X detached far use te Dept. af Health 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at work 220. I certify that (1) (this hospital) attended the deceosed from January 2, 1968, to January 30, 1968, that (1) (we) lost saw the deceosed give on January 30, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF PHYS. January 31, 1968 DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S Reynaldo Orjuela-Gomez, M.D. 7620 York Rd., Towson, Md. 21204 NAME (Type) director, should b 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) 2-3-1968 Moreland Memorial Cem. Baltimore Md. Co. 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68 FFB assaha Funeral Home 7401

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		West Town	. A John and	-Miland C.		

8 1	MARYLAND STATE DEPARTMENT OF HEALTH  11-5-88 m+ DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00334
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a. DATE KNOWN X Month D (Type or Print) TOUNT PRINTARING TR	oy Yeor 2b. HQHR 1968 10 M
ello is	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
y del , and PM3.	Male Negro 10-14-19 48 YRS 22	Yeor 19 68 LO PM
form te Dep	70. BIRTHPLACE (State or foreign   7b. (ITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   WIDOWED   DIVORCED   BALTIMORE	united Mo
hin 24 hours ofter death by delonated in Item 18. Give Poges 1, 2, and 3 niner's Office along with form PM3. Papages Iond 2 with the State Deportmen hours after death		b. KIND OF BUSINESS OR IDUSTRY
hours ofter death tem 18. Give Pog Office along with 1 ond 2 with the Sto after death.	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
d2w	Baltimore 13 A 10 10 Liewellyns	
24 hours ofter death in Item 18. Give Pog r's Office along with ss 1 ond 2 with the Sta rs after death.	John Edulards Denie	Last
	160. WAS DECEASED EVER WU.S. ARMED FORCES? (Yes, no. or unknown) Ut yes give war or blones of service)  248-28-460 CLIVI Record Va Hoop H	fort Housel
should be executed with the word "pending" in perion the Chief Medical Exart burial-transit permit. File I in ony event within 72	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a).	APP OXIMATE INTERVAL DESTRUCTION OF A PROPERTY OF A PROPER
be executed "pending" in nief Medical E nnsit permit. F event within	Oue TO, OR AS A CONSEQUENCE OF Conditions if only which cove a post-traumatic epilepsy	
ertificate should b writing the word " rwarded to the Chi sed as o burial-trar noval, and in ony e	rise to immediate cause (a).  stating the underlying couse last.  Old blunt head injury	
ate she y g the v ed to the s o buri	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
s certificate sl., writing the forwarded to used as o bu	9634	
is certificate, writin forward a used a removal,	190. DATE OF OPERATION Tept., 19b. CONDITION FOR WHICH OPERATION Oct & Nov. 1965  210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	20. AUTOPSY?
retificate, certificate, could be fores. should be u		YES (C. NO
INER: 1 e certific should b files. 3 should oution, or	PRIMARY OR CONTRIBUTING HOUR A.M. ADOUT CAUSE OF DEATH P.M. 9-4 19 65 Fell at home 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street. 21f. LOCATION Street or R.F.D. Ng. Gity or Town	
Z a z z z z	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. 31f. LOCATION Street or R.F.D. No.	County State Md
ical EX execut for. Pog ed for y CTOR: P buriol,	220. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry ,	ond in my opinion
JICA pleose ex director etoined DIRECTO	deoth resulted from: Notural couses Accident X, Suicide , Homicide , Undetermined monner	
JIY SICA	ACTUAL SIGNATURE CLOSE STATE MEDICAL EXAMINER (\$\frac{1}{2}\text{D. DATE SIGNATURE}\$ 22b. DATE SIGNATURE	GNED
	SIGNATURE	y 25, 1968
O DEPU necesso the fun 5 moy O FUNE Health	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C	ounty), (State)
	Shugh Ed 1-26-68 talm Eto GEm. Darking tox	5,0
VR A15ME (5) 10M REV. 1/68	124 GUINGRAL DIRECTOR Sanders 217 E. Treston St DATE JAN 30 1968 COLLINSTRANS SIGNATED AN 30 1968	es jusqu



MAKTLAND STATE DEPAKTMENT OF HEALTH 00339 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00335 CERTIFICATE OF DEATH First Last 2a. DATE OF DEATH 1. DECEASED NAME (Type or print) Month Louis C. Eifert Jan. S. DATE OF BIRTH IF UNDER 1 YEAR 3 SFX 4. RACE 6. AGE (In years last birthday) DAYS 1893 white male signed by the attending physicion and completely filled in by the burial-tronsit permit. Then pleose remove corbon papers. Page burial, cremation, or removal, ond in ony event, within 72 hours at requires that the death certificate be executed within 24 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Md. U. S. Baltimore DIVORCED [ WIDOWED [7] 12a. USUAL OCCUPATION (Kind af wark dane during most of working life, even if retired.)

iron worker 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR SPRING GROVE STATE HOSPI. INDUSTRY Catonsville Iron work 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 1136, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 1923 Collington Ave. YES NO Balto. 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Henry Eifert Annie Wirth 16b. SOCIAL SECURITY NO. 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ng. or unknown) (If yes give war or dates of service) 219-54-3105T Records: SPRING GROVE STATE HOSPITAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) hymia, shock, and death
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION, acute, with arr-10 min. DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave) Arteriosclerotic cardiovascular Ht. Dis. 10 years rise ta immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse () Arteriosclerosis, generalized, senile PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Pneumonia, Bilateral, brenchial, Jan. 10, 1968, treated, improved.

190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use os the should be filed with the State Dept. of Health prior to 1 190. DATE OF OPERATION CAUSES OF DEATH? NO X YES 🗔 21a. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Nat while at wark 220. I certify that (t) (this hospital) attended the deceased from Oct. 28, 19 32, to Jan. 18, 19 68, that (I) (\$\text{\$\ couses stated above, (I) (yes (did) (did not) view the body ofter death. 22b. SIGNATURE. 22c. DATE SIGNED 1-18-68 ATTENDING MED.
DIRECTOR STAFF DEGREE 22e ADDRESS SPRI G GROVE STATE HOSPITAL 22d. PHYSICIAN'S NAME (Type) Baltimore, Maryland 21228 Anthony J. Young, M.D. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23b. DATE 23a. BURIAL, CREMATION, REMOVAL (Specify) Md. Baltimore Co. Parkwood Cemetery 7-22-7968 1968 REGISTRAR'S SIGNATURE

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		00340	DIVISION OF VITAL REC		RESTON STREET, BAL ATE OF DEATH		YLAND 21201	0033	6
1.		EASED-NAME First Coe or print) MR G	ORDON LE	ROY EL	Last	2a. DATE OF I	Manth 20, Day	1/96 Year	2b. HOUR
3.	SEX	M	4. RACE W.		5. DATE OF BIRTH 4 122	1921	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HDURS MIN.
70	o. 81 aunti	RTHPLACE (State or foreign Y) Bast, M.D.	7b. CITIZEN OF WHAT COUNTRY	WIDOWED [		9. COUNTY OF I	ore Cour	nty	M
10	). (II	y or town of Death . Wilson	give street oddress	ral or institution (if no on State Ho	osp.	most of warking li	Kind of work done fe, even if retired.)	12b, KIND OF B	BUSINESS OR
ac	dmiss	ian) STATE MD.		Ball	ruor YES	NO 124	EET AND NUMBER 7 W. Cro	us stat	
L		THER'S NAME First ANDREW	ELL10TT		MOTHER'S MAIDEN NAME	First ASWYN			Last
10		VAS DECEASED EVER IN U.S. AR s, no, or unknown) (If yes give	MED FORCES? war or dates of service)  W. T. 220	07-5873 R	ecords, Mt	. Wilson	State Ho		
		PART I DEATH WAS CAUSE	nly one couse per line far (a), (b) ED BY: IATE CAUSE (a)	, and (c).) BRONCHOT	DNEUMANIA			APPROXIM BETWEEN ON	NATE INTERVAL NSET AND DEATH
		O// 2 Conditions, if any, which gave	DUE TO, OR AS A CONSEQU	IENCE OF	ULMONARY	T. 2	1 45 15		7
١		ise to immediate couse (o), stating the underlying cause ast.			ULINUNAKY	IUBERIO	C03/3		
ı		_ 00,70	ONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO	THE TERMINAL DISEASE OF	R CONDITION GIVEN	IN PART 1(a)		
THO IS	NOIN		CONDITION FOR WHICH OPERATIO		PLASTY 20a. AUTOPSY?		ES, WERE FINDINGS (	CONSIDERED IN CE	RTIFYING
LINATE	CERTIFICATION	1957	PULMONARY TUBE	REDLOSIS	YES NO [	X	OF DEATH?	14 101	
	₹	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. Month Do	y Yeor			in Port 1 of Port 2,	nem 10.)	
1		21d. INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM OFFICE BUILDIN				or Town	Caunty	State
		22a. I certify that (I) (the saw the deceased causes stated above	his haspital) attended the alive an e, (I) (we) (did) (did nat) vi	deceased fram_/ 19 6 &, and ew the bady after d	that in (my) (aur) a eath.	68, ta_/, pinian death a		_6&, that ate and haur c	(I) (we) lo and fram th
١		22b. SIGNATURE	wermer	DEGR	EE PHYS.	MED. DIRECTOR	STAFF PHYS.   22c.	DATE SIGNED	68
	1	22d. PHYSICIAN'S NAME (Type) Willi	am Newcomer	, M.D.	22e. ADDRESS  Mount W	/ilson, N	laryland	14 PA	1
23	30.	BURIAL, CREMATION, 23b.		NAME OF CEMETERY OR	ral tem.	5500	Helence	(County)	(State)
2	4.	UNERAL DIRECTOR	my Los Duc	ADDRESS ADDRESS	AT DATE	BY REGISTRAR AN 23 19	25b. REGISTRAR'S	S SIGNATURE	diges

				STATE DEPARTMENT		
- 1	H		DIVISION OF VITAL RECORDS,	· ·		00337
	1 0	00341	Middle	ERTIFICATE OF DEAT		
		CEASED-NAME First ype or print) 20		ELL 1 S	20. DATE OF DEATH  Month 2 2 Do	2b. HOUR 630 P. M
H	3. SE	x Female	4. RACE White	S. DATE OF BIRTH	49/1906 6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	7o. I	SIRTHPLACE (State or foreign stry) Mary Land	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED NUMBER WIDOWED DIVORCED		ty Md.
7/	M	t. Wilson	11. NAME OF HOSPITAL OR INST give street oddress) Mt. Wilson S	tate Hospital	USUAL OCCUPATION (Kind of work done ng most of working life, eyen if retired.)	12b. KIND OF BUSINESS OR INDUSTRYOUR HOME
15		USUAL RESIDENCE (Where deceose ssion) STATE MD	d lived, if institution: Residence before 13b. COUNTY	13c. CITY OR TOWN 13d. INSIDE	E CITY LIMITS? 13e. STREET AND NUMBER	U
2	14. 1	ATHER'S NAME First Eugen	Middle Last	15. MOTHER'S MAIDEN NA Hessi		Robinson
Ħ	160. Y	WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give wo		0. 17. INFORMANT 17/Records, Mt	. Wilson State Hos	
		DADT I DEATH WAS CALISED	DUE TO, OR AS A CONSEQUENCE OF	DULMONARY E	MPHYSEMA	APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH
		rise ta immediate cause (a), stating the underlying cause last.	(b) DUE TO, OR AS A CONSEQUENCE OF (c)			
	Z	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASI	E ORCONDITION GIVEN IN PART 1(a)	
1	CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PER		20b. IF YES, WERE FINDINGS ( CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED	(Enter nature of injury in Part 1 or Part 2,	Item 18.)
	ME	21d. INJURY OCCURRED 21e. I	PLACE OF INJURY ( AT HOME, FARM, STREET, FACTI OFFICE BUILDING, ETC.			County State
		22a. I certify that (I) (this saw the deceased all causes stated abave,	s haspital) attended the deceased ive an19 ,(1) (we) (did) (did not) view the b	d from 1 1 3, and that in (my) (aur ady after death.	19 <i>68</i> , ta	168, that (I) (we) last ate and haur and fram the
1		22b. SIGNATURE	levermy	DEGREE ATTENDING PHYS.	AAFD CTAFF	DATE SIGNED 1-22-68
			am Newcomer, M		Vilson, Maryland	
2		BURIAL, <del>CREMATION</del> , REMOVAL (Specify) 23b. D	126/68 - Parking	emetery or crematory and Cemetery	23d. LOCATION (City or Town)  Raltinge	(County) (Stote)
68		funeral director  gien Carter Carter Carter Carter Carter E Pumpha	Aller Carlot 8434 Georgi		JAN 26 1968 REGISTRAR'S	arles Judge

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00342 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00338 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOURE death. (Type or print) era JANUARY Month 1968 **EDWARD** ELMORE FRANKLIN ve carbon papers. Poges 1 event, within 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours aftery lost birthday) MONTHS DAYS HOURS 12/26/1892 MALE CAUCASIAN YRS. in by 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) PENNA. USA WIDOWED [ DIVORCED [ BALTIMORE filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) STEEL MFGR remove carbon 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY SEE II YES 🗀 NO X MD BALTIMORE DIINDALK in any 14. FATHER'S NAME Middle First Lost 1S. MOTHER'S MAIDEN NAME First Middle EDWARD M. ELMORE MARGARET ANDREWS physician buriol, cremotion, or removal, and 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes no Sr unknown) 3386 IN 10--11 BERNICE G. ELMORE AS APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF 50 yrs Conditions, if ony, which gove ) Mitra buriol-tronsit rise to immediate couse (o). signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couser PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to l 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING FUNERAL DIRECTOR: After this certificate has CAUSES OF DEATH? NO IX YES 🗍 with the State Dept. of Health 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) detoched 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while ot work 8-11-19-64-10 19 60 . that (I) (Wet last 22a. I certify that (1) (this hospital) attended the deceased fram\_\_\_\_ saw the deceased alive an 1-12-68 19 \_\_, and that in (my) (ex) apinian death accurred an the date and have and from the retained causes stated abave, (1) (we) (did) (did init) view the bady after death. 22c./DMTE SIGNED 22b. SIGNATUR ATTENDING STAFF director, poge 3 DEGREE DIRECTOR PHYS. PHYS 22e. ADDRESS 6800 22d. PHYSICIAN'S NAME (Type) M . B . DAVIS, MD . MORNINGTON 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (Stote) (County) BUHA OVA (Pecify) 16/1968 MORELAND MEMORIAL BALTIMORE CO. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 1968 Charles 30M REV. 1/68 DATE

SEE00-

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00340 CERTIFICATE OF DEATH deoth 2 1. DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR within 24 hours after, death (Type or print) Month 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) MONTHS 1 HOURS 12-16 41 YRS. ste male 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED X country) WIDOWED [7] DIVORCED filled crematian, ar removal, and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast af working life, even if retired.) INDUSTRY Balto., Md. Nursing Home 13c. CITY OR TOWN 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY Balto NO 🙀 YES 509 Glen Allen Drive Balto 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle and AUGUSTA George E. Entwish KIPPER 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 7. INFORMANT 2037 Nyde St. 941 Mrs. Dorothy Flynn, Sanfrancisco, Calif. Yes, no. or unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS & CONSEQUENCE OF signed by the burial-transit Conditions, if any, which gave ) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse burial, a PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been see as the the priar to the be retained by the haspital or attending 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? NO 🗍 YES -21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year State Dept. af (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) ottended the deceased fram. saw the deceosed alive on \_\_\_\_\_\_ \_19 \_\_\_\_, and that in (my) (our) opinion death occurred on the date and hour and from the directar, page 3 shauld shauld be filed with the causes stated above, (1) (we)-(did) (did nat) view the body after death 22b. SIGNATORE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Manuel J. Rodriguez 1424 Sulphir Spring Rd 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burial (Specify) Loudon Park Cem 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 4101 Edmondson Ave Witzke F. D. 1968 JAN Baltimore. Md.. DATE 21229

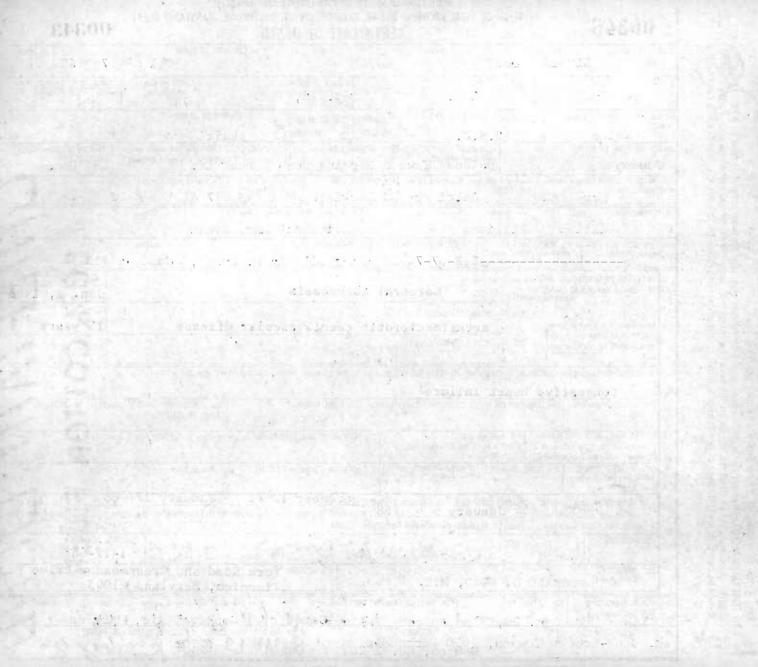
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		First CALVIN	Middle R.	ERVIN		NUARY Manth 17, Do	1958	2b. Hot
3. S	MALE		HITE		UARY 28, 1	-	IF UNDER 1 YEAR MONTHS OAYS	HOURS N
cou	BIRTHPLACE (State or foreign NORTH CAROL)	INA U.S	.A.		DRCED BA	UNTY OF DEATH		
	TOWSON MD.	give	Street address JOSEPI	TITUTION (If nat in haspital H HOSPITAL	UNEMPLO'	UPATION (Kind of work done working life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
3a. Idm	USUAL RESIDENCE (Where de ission) RESIATE MARYLAND	eceased lived, if institu 13b. COUNTY	tian: Residence before	BALTIMORE	13d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER 2703 No. HOWA	RD ST.	#21218
4.	FATHER'S NAME First Rober	Middle M.	Lost Ervin		MAIDEN NAME First	Middle	Cart	Last er
	(VAS DECEASED EVER IN U.S. Yes, no, ar unknawn)		16b. SOCIAL SECURITY			d. 21218 Address Ervin 2703 N.	Howard	St.
N.	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE) Conditions, if ony, which go rise to immediate cause (stating the underlying collost.  PART 2. OTHER SIGNIFICANT	AUSED BY:  MEDIATE CAUSE (o)  DUE TO, OR  (o), (s), USE)  DUE TO, OR (c)	Myoo AS A CONSEQUENCE OF AS A CONSEQUENCE OF	cardial infa		ION GIVEN IN PART 1(0)		ONSET AND GEATH
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PE	RFORMED 20a. AUT		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN C	ERTIFYING
MEDICAL CER	Trinio   Hor willie	FOEATH HOUR A.M.	Manth Day Year			e af injury in Part 1 ar Port 2,	Item 18.) County	State
		(this hospital) attached dive at JAN pove (I) (we) (did)	tended the decease (did not) view the	ed fram JANUARY 9_68, and that in (r bady after death.  ATTEND PHYS.		ta_JANUARY_1/79 death accurred an the d  or STAFF DAY PHYS. 52 Ja	0.68, that ate and haur DATE SIGNED LINUARY 1	
	22d. PHYSICIAN'S NAME (Type) Rey	haldo Orju	ela-Gomez,	22e. AD	DRESS	Towson, Md.	111111111111111111111111111111111111111	1, -7
								(5 )
30	DEMONIAL IC IT A	23b. DATE  Jan. 20, 1	23c. NAME OF Meadow				(Caunty)	(Stote) Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00345 00342 CERTIFICATE OF DEATH 2b. HOUR 1. DECEASED-NAME Middle 2a. DATE OF DEATH First be executed within 24 hours after death (Type or print) OHN MI 3. SEX 4. RACE 6. AGE (In years 5 DATE OF RIRTH IF UNDER 1 YEAR last birthday) MONTHS CAUCASIAN burial-transit permit. Then please remave carban papers. Pag burial, cremation, or remaval, and in any event, within 72 hours 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED MARYLAND WIDOWED [ DIVORCED ALTIMORE filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast af warking life, even if retired.) 13a. USUAL RESIDENCE (Where deceased lived, it institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Middle Last requires that the death certificate 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH coronary thrombosis IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF cardiac ischemia Canditians, if any, which gave ) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause arteriosclerotic heart disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the b f Health prior ta b has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [ TO FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year detached for the Dept. of H P.M. (If either, natify medical examiner) be detached State Dept. c (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town State County While Not while at work 22a. I certify that (1) (\*his hospital) attended the deceased from. 1958 saw the deceased alive on 1.7 \_\_19\_\_68 and that in (my) (and opinion death accurred on the date and hour and from the director, page 3 should should be filed with the causes stated above. (1) (and (did not) view the body after death. 22c. DATE SIGNED: 22b. SIGNATURE ATTENDING DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (State) REMOVAL (Specify) 2Sa. REC'D DATE

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00347 00344 CERTIFICATE OF DEATH 2a. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First Middle Inst burial-tronsit permit. Then pleose remove carbon popers. Pages 1 and 2 burial, cremotion, or removol, and in ony event, within 72 haurs after death. Month (Type or print) 1968 Roy Farmer Sr. Jan. C. S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. 3. SEX 4. RACE last birthday) DAYS HOURS the Jan. 23, 1897 White YRS Male requires that the deoth certificate be executed within 24 hours in by 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) W. Va. II S A Baltimore DIVORCED TX WIDOWED [ ond completely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)

House In Pines 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of warking life, even if retired.)

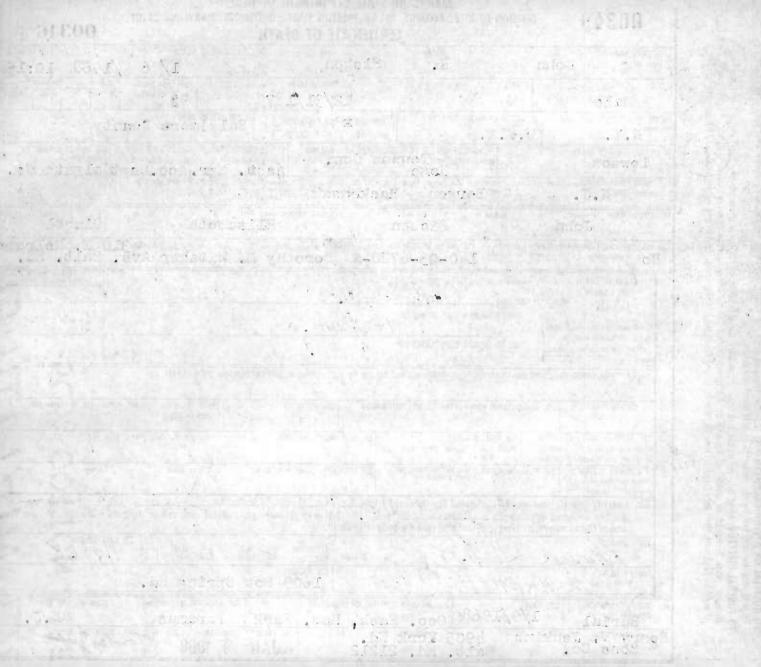
Watchman-Retired INDUSTRY Catonsville Bank 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN 13e, STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY YES X NO [ Baltimore 920 Patapsco Ave. 14 FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Last Unknown Unknown Unknown Farmer 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) 920 Patapsco Ave. Mrs. Evelyn M. White Yes # APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave signed by the burial-tronsit p rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending After this certificate hos been I be detoched for use as the d for use as the of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO 🗌 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State State Dept. City or Town County While Nat while at wark 1968, to 1-11-, 1968, that (1) (We) last 22a. I certify that (1) (this hospital) ottended the deceased from 1 - 4 1-10-1968, and that in (my) (both opinion death occurred on the date and hour and from the sow the deceosed olive on\_\_\_\_ 3 should director, page 3 should should be filed with the O FUNERAL DIRECTOR: couses stoted obove, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d. LOCATION (City or Town) (State) 23c. NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL, CREMATION. 23b. DATE REMOVAL (Specify) Winchester U. S National Winchester 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Mc Cully 130 E. Fort Ave 30M REV. 1/68

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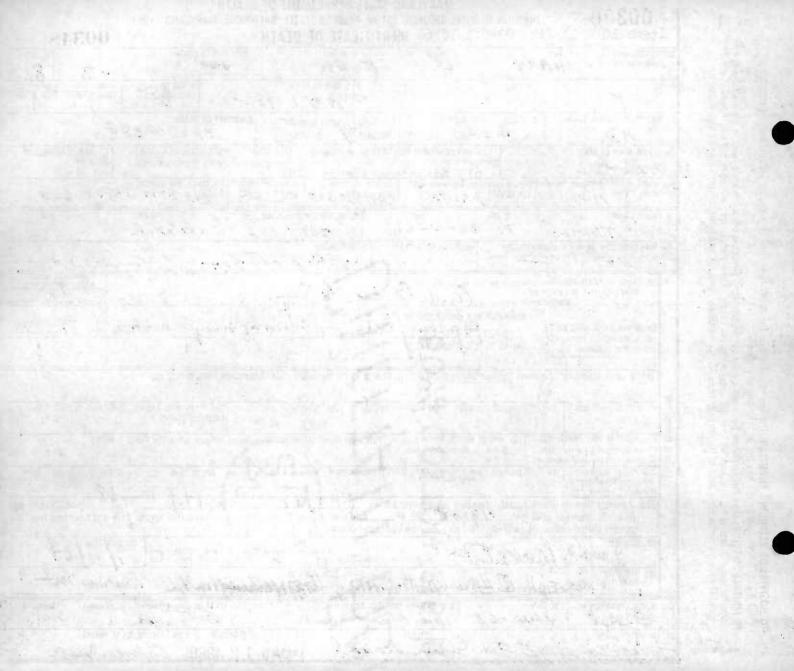
- 1		ARYLAND STATE DEPARTMENT OF H RECORDS, 301 W. PRESTON STREET, BALTI		
	00348	CERTIFICATE OF DEATH	more, marranto 21201	00345
		Middle Last W. Ferguson	2a. DATE OF DEATH  Manth  Day	year 7968 800 Am
3.	SEX 4. RACE	5. DATE OF BIRTH 9-14-1913	last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7a.	Male White  BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNT unity)  Baltimore Co U.S.A.		9. COUNTY OF DEATH Baltimore	Md.
10. 5 8		SPITAL OR INSTITUTION (If not in haspital during me	L OCCUPATION (Kind of work dane ist of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY Farmer
13d adi	a. USUAL RESIDENCE (Where deceased lived, if institution: Residmission) STATE Md. 13b. COUNTY Bal	timore Carney YES NO	4 9703 Magledt F	load
7 14.	FATHER'S NAME First Middle  John	Ferguson   15. MOTHER'S MAIDEN NAME F	rst Middle	Burton
16	d. WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCI	AL SECURITY NO. 17. INFORMANT	Address guson 9703 Maglei	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	4/29 DUE TO, OR AS A CONS			
	rise to immediate cause (a), stating the underlying cause last. (b) DUE TO, OR AS A CONS	EQUENCE OF		
2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(a)	
) Total Morrison	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERA	YES NO V	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	
MEDICAL	G CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth	Day Year	nature af injury in Part 1 ar Part 2, It	
AAS	While Nat while	ARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. Na. LDING, ETC.	101	Caunty State
	22a. I certify that (I) (this haspital) attended the saw the deceased glive an causes stated above, (I) (we) (did) (did not	he deceased from and that in (my) (aur) api y view the bady after death.	nian death accurred an the dat	e and haur and fram the
	22b. SIGNATURE Halessa	M DEGREE ATTENDING D D	NED. STAFF 22c. D	ATE SIGNED 68
1	22d. PHYSICIÁN'S NAME (Type)	22e. ADDRESS		
7	REMOVAL (Specify) Burial 1-17-1968	Gardens of Faith Cem.  ADDRESS 2 25a. RECD B	23d. LOCATION (City or Town)  Daltimore Co  Y REGISTRAR 2Sb. REGISTRARS	(Caunty) (State)
68	4. FUNERAL DIRECTOR Leaner Colonic Col	ADDRESS 25a. RECD B  74 01 Blanc Road DATE AN	19 1968 Julian	les Judge

To the same 

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00349 00346 CERTIFICATE OF DEATH 2b. HOUR 1. DECEASED-NAME First Middle Inst 2g. DATE OF DEATH requires that the death certificate be executed within 24 hours after death (Type or print) John H. Ficken 0:15 5. DATE OF BIRTH LE LUNDER 1 YEAR IF UNOFR 24 HRS. 3. SEX 4. RACE 6. AGE (In years irthday) MONTHS DAYS HOURS 12/31/1875 Male W 9 COUNTY OF DEATH Baltimore County 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED country) N . Y .. U.S.A. WIDOWED [ DIVORCED [ and campletely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) TOWS on Con. 10 CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind af work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Assb. Mgr. Acc. Der INDUSTRY Towson Home Mgr. Acc. DeptColgate Co. 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? burial, crematian, ar remaval, and in any event, 13b. COUNTYBergen admissian) STATEN .T Hackensak YES NO 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Last Elizabeth Gimbel John Ficken 16b. SOCIAL SECURITY NO 17 INFORMANT Address 37 () Melrose 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? na, ar unknown) (If yes give war or dates of service) 140-03-6720-A Dorothy M. Witaker Ave. Balt. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave signed by the burial-transit p rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health prior tall 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19g. DATE OF OPERATION CAUSES OF DEATH? NO IT YES [ Page 4 may be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. Stote 21e. PLACE OF INJURY City or Town County While Not while at wark \_\_\_\_, 19<u>6.6</u> , to 22a. I certify that (1) (this hospital) attended the deceosed from Allile , and that in (my) (our) opinion death occurred on the date and hour and fram the saw the deceased olive on.... couses stoted obove, (1) (we) (did) (did nat) view the bady ofter death. 22c. DATE SIGNED 22b. SIGNATURE STAFF PHYS. ATTENDING MED. DIRECTOR DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S 1609 Pot Spring Rd. NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23b. DATE 23o. BURIAL, CREMATION, /1968 N.J. Geo. Wash. Mem. Park Paramus 25b. REGISTRAR'S SIGNATUR 2Sa. REC'D BY REGISTRAR Jenkins YOUR Rd. VR A15 (4) 1968 Sons DATEJAN Co. Balt. Md. 21212 30M REV. 1/68

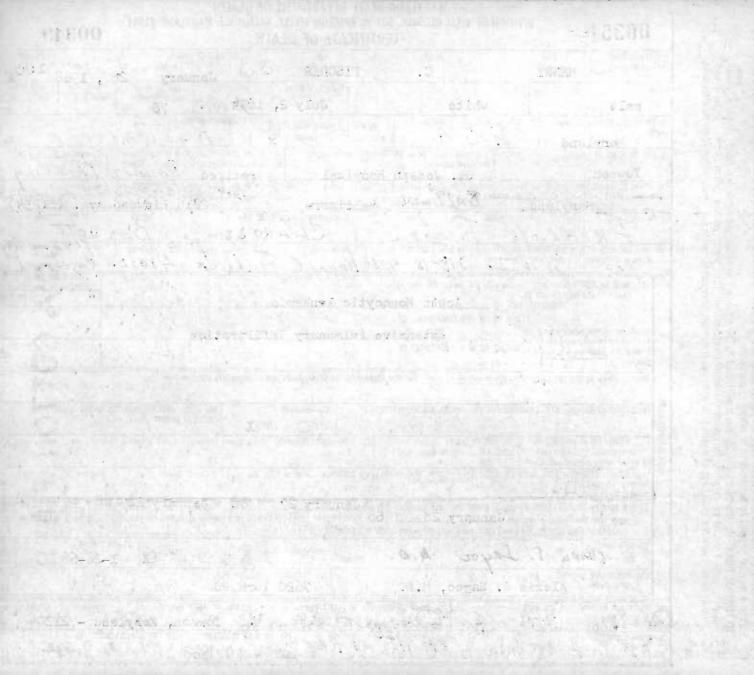


A	Items 10 & 11 Film G396 1/18/68 IGERTIFICATE OF DEATH  100300 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  11 Tilm G396 1/18/68 IGERTIFICATE OF DEATH  100348					
de d	1. D	ECEASED-NAME First	ARY E.	FINK	20. DATE OF DEATH  JAN Month 9	Doy L Year 2b. HOUR
and the second	3. \$	F	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
24 hauned in by		ntry) $MD$ ,	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH  BALTIMO	MC
completely filled ove corbon pope y event, within 7	Catonsville Give street address)  Guring most of working life, even if retired.)					12b. KIND OF BUSINESS OR INDUSTRY
executed within and completely fremove corbon cony event, with	odm	ission) STATE MD.	13b. COUNTY BALTO,	CATONSUILLE YES	NOX 613 EDMON	VDSON AVE
e be ex an and ose rem nd in on		THOMAS	Middle Last P. BOENEL	7/8/-/	A. SNYDER	Lost
physician one pleose loval, ond i	100	N.C.	ar or dates of service)	my Ellen Cat	Teston-613 Elm	APPROXIMATE INTERVAL
Page 4 may be retained by the hospital or attending physician.  **Description of the properties of the physician of the death certificate be executed within 24 haurs after the page 4 may be retained by the hospital or attending physician and completely filled in by the further page 3 should be detached far use as the burial-transit permit. Then please remove carbon pages—should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the properties of the prior to burial to be prior to be p		PART I. DEATH WAS CAUSED	y one cause per line for (o), (b), ond (i) BY: ITE CAUSE (a)	Pardia Collague		GETWEEN ONJET AND DEATH
		Canditians, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE O  (b) Fapellau  DUE TO, OR AS A CONSEQUENCE O	y Carcinona adero	of overy & metalo	us 7 mons
	CATION	1750	IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OF PERFORMED 20g. AUTOPSY?	20b. IF YES, WERE FINDINGS	S CONSIDERED IN CERTIFYING
	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYIN  CAUSE OF DEATH	H HOUR A.M. Manth Day Yea	or	CAUSES OF DEATH?	2, Item 18.)
	MED	While Not while at wark	PLACE OF INJURY ( AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	1 -1 1.		County State
	230.	saw the deceosed al causes stated above	s hospitol) ottended the deceo ive on	sed fram <b>)</b>	, ta, 1 pinian death occurred an the	19, thot (I) (we) las date ond hour ond from the
		22b. SIGNATURE FORTH & L	aukaits ms	DEGREE PHYS.  22e. ADDRESS	MED. STAFF DIRECTOR PHYS. D	C. DATE SIGNED 68
		NAME (Type) SEP	A G. LAWKAIT	F CEMETERY OR CREMATORY	king for the 12  23d. LOCATION (City or Town)	(County) (Stote)
				direct am,	By REGISTRAR 2Sb. REGISTRAF	mel.
VR A15 VI 30M REV. 1/68	5	whey Caranous	B. F.M. Calone	elle mil. DATAN	1 2 1968 10les	was audic



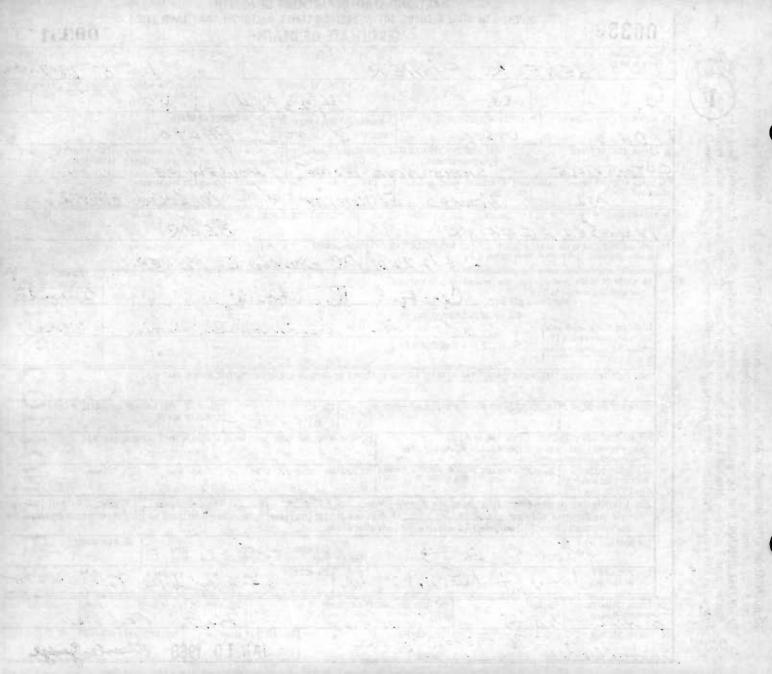
7		00351		301 W. PRESTON STREET, BALTIN CERTIFICATE OF DEATH	NORE, MARYLAND 21201	00349
		CEASED-NAME First ype or print) HENRY	Middle	FISCHER SR	2a. DATE OF DEATH  Month Day	Yeor 2 2b. HOUR 1:45 M
n any event, within 72 hours after deat	3. SE		4. RACE	S. DATE OF BIRTH	The state of the s	1F UNDER 1 YEAR IF UNDER 24 HRS.
rs al		male	white	July 2, 189	7077 70 YRS.	HONINS DATS HOURS MIN.
	7o. E	BIRTHPLACE (Stote or foreign try)  Maryland	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9. WIDOWED DIVORCED	DALIMO	R < Md
shauld be filed with the State Dept. af Health prior ta burial, crematian, ar remaval, and in any event, within 72	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN: give street oddress)	STITUTION (If not in haspital during most	OCCUPATION (Kind of work done to f working life, wen if refined.)	12b-KIND OF BUSINESS OR INDUSTRY
		Towson USUAL RESIDENCE (Where deceas ssian) STATE	St. Joseph ed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY LIMIT	13e. STREET AND NUMBER	1 HIM ING
No 03		Marylan		Colored VIIII (196-	2010 Linwood	Ave. (21234)
	14. F	ATHER'S NAME First	Middle Fischer	15. MOTHER'S MAIDEN NAME Firs	(.)	NETT
5	16a.	WAS DECEASED EVER IN U.S. ARN es, no. or unknown) (If yes give w	NED FORCES? 16b. SOCIAL SECURITY	NO. 17. INFORMANT	Address	Phenoin AK.
5				4485 Henry C. Fisco	hardn 4203E.	APPROXIMATE INTERVAL
	At	PART I DEATH WAS CAUSED	γ ane cause per line far (o), (b), and (c)			BETWEEN ONSET AND DEATH
5		2000 IMMEDIA	TE CAUSE (a) Acute Mo	nocytic leukemia		
ıtıar		Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	in Dulmanama Tufile		
		rise to immediate couse (a), stating the underlying cause	(b) EXTENS: DUE TO, OR AS A CONSEQUENCE OF	ive Pulmonary Infilt	arataron	
		last.	(c)			
		PART 2. OTHER SIGNIFICANT COM	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR COL	NDITION GIVEN IN PART I(a)	
	NC	2042				
2	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS PE	YES NO X	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	
	MEDICAL CE	21a. ACCIDENT WAS UNDERLYIN  or contributing cause of Deat  (If either, notify medical examin	HOUR A.M. Month Day Year ner) P.M.	9	nature of injury in Part 1 or Port 2, 16	em 18.)
	ME	21d. INJURY OCCURRED 21e. While Nat while at work	PLACE OF INJURY ( AT HOME, FARM, STREET, FA	CTORY.) 21f. LOCATION Street or R.F.D. No.	City or Town	Caunty State
		22a. I certify that (1) (the	is haspital) attended the deceas live an <b>January</b> 28 , (I) (we) (did) (did nat) view the	ed from January 27, 1969 1968, and that in (my) (aur) apini bady after death.	8, ta January 2019 ian death accurred an the dat	e and haur and fram the
		22b. SIGNATURE CULT of S	. Layor M.D	DEGREE PHYS.	CTAFF	ate signed =28=68
1		22d. PHYSICIAN'S NAME (Type) Alex	cis S. Sayoc, M.D.	22e. ADDRESS 7620 York		
3	23a.	BURIAL CREMATION, 23b.	-1-1611	7/2 T	23d. LOCATION (City or Town)	(Caunty) (State)
As.	24 -	REMOVAL (Specify) 2-	1-60 G Reen	move (Remaran	registrar 25b. Registrar's S	IGNATURE
/68	C	has to EVAN	15 x Jon - 8802 H		0 1968 PCharl	as Judge

MAKILAND STATE DEPAKTMENT OF HEALTH



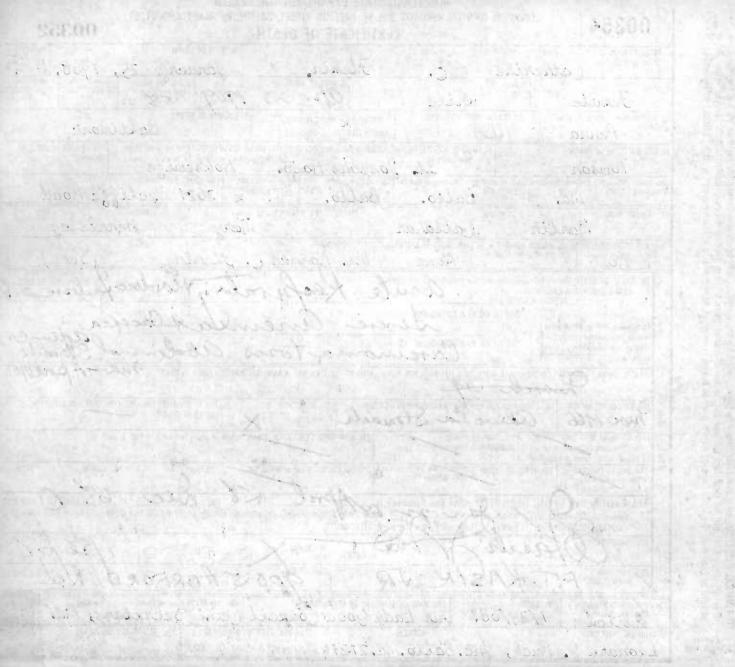
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		- 1		MARYLAND STATE DEPARTMENT OF HEALTH
			1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CFRTIFICATE OF DEATH  00351
0				CERTIFICATE OF DEATH 00351
÷	-54E			EASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR
deo	9 5 9	) [	(1)	RENE R. FISHER
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s of	Tages and the same of the same		ب	7. 4/23/84 83 YRS.
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requires that the death certificate be executed within 24 hours ofter death.	icion and completely filled in b leose remove carbon popers. ond in any event, within 72 ho	90	-	Y OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
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peq	car	13	13o. admi:	ISUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY
noe	com y ev	- 1		MIL HOWARD KLUCOTT CITY 10/COLUMIS/A Rd.
e ×	rem rem	X	14. F.	THER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
e pe	on con con con con con con con con con c		1/1	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17, INFORMANT Address
icot	physicion en pleose avol, ond i			no or unknown)   (If we give wire or dates of service)
ertif	ending phys nit. Then p or remavol,			I INSCAUNIT DURAGE
£	rem rem			18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:
dea	rmit , or			IMMEDIATE CAUSE (a) Cleared Monteses during
he	on. by the oth transit per cremotion,			Conditions, if any, which gave)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave)  3 4 3
ot to	the main and a second		-	rise to immediate cause (o).
s th	physicion. signed by the ottending physicion and buriol-transit permit. Then pleose rem burial, cremotion, or remavol, ond in an			ost. DUE TO, OR AS A CONSEQUENCE OF
uire	physici signed buriol- burial,	-		OST. (c)
req				4221
<u>%</u>	bee bee s th ior t		VIION	9a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
e :	ospitol or attending certificate hos been s hed for use os the t ot, of Heolth prior to t	2	CERTIFICATION	YES NO THE CAUSES OF DEATH?
ä	or or or us		CER	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
₹.	rrific rd fo of H		MEDICAL	□ OR CONTRIBUTING □ CAUSE OF OEATH HOUR A.M. Month Day Yeor  If either, natify medical examiner) P.M. 19
IX SI	by the hospitol or fter this certificote be detoched for u Stote Dept. of Heol	4	MET	OLD MILIDA OCCUPATE TO BE STORE THE STORE
표	this ce letoche Dept.			While Not while twork of work
S.	by th			220. I certify that (1) (this hospital) attended the deceased fram 1967, 19, to 42, 5, 1968, that (1) (we) I
S.	T 4 - 0	3		saw the deceased alive on 1965, and that in (my) (our) apinion death occurred on the date and hour and from to couses stated obove, (1) (we) (did not) view the body ofter death.
A E	ECTOR: A should with the S	3		226. SIGNATURE 226. DATE SIGNED
8	3 3 3 4 V			DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRECTOR PHYS. D
7	AL DIR Poge ( e filed			22d. PHYSICIAN'S /
PIT	4 may be retained IERAL DIRECTOR: A or, page 3 should id be filed with the ?	1		NAME (Type) OHN A. NESBITT DR 1009 Frederick Pd Solt. 21228
			23a.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
0	direct direct	)	7	MOODLAWN BALTO. Co. Mc
	VR A15 M	1	24.	UNERAL DIRECTOR 250. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE
	30M REV. 1	8	E	SMACNABB DISSE DATE JAN 10 1968 Policantes Judge

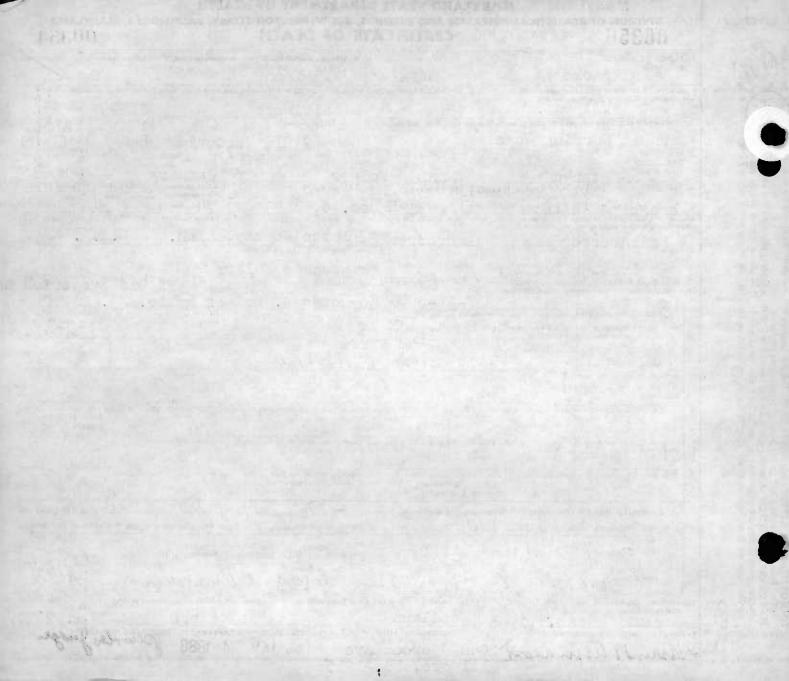


	1			D STATE DEPARTMENT OF		
		00355	DIVISION OF VITAL RECORDS,		IMORE, MARYLAND 21201	
000		00000		ERTIFICATE OF DEATH		-00353
(Em 75/E/)		ECEASED-NAME First	Middle	Lost	2a. DATE OF DEATH	2b. HOUR
for death	1	Type or print) Sister	Mary Inez Fleury		Jan. 24. 1968 Doy	9:35 A M
5	3. S		4. RACE	S. DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN.
s af the age rs af		Female	White	Nov. 13, 18	79 lost birthday) 88 YRS.	MONTHS ONTS HOURS MIN.
by Phou	70.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
d in d in 72 h		York, N. Y.		WIDOWED DIVORCED	Baltimore Co	unty, Md.
fille fille	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 120. USU	AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
withir with fill bon bon with		Catonsville	e Mou	nt de Sales Sev	rast of working life, even if retired.)	In Academy
mplet e car	13a.	USUAL RESIDENCE (Where deced	ised lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY		
com com ove y ev		Maryland	Baltimore	Og COUS ATT TE TO	0□ 700 Academy R	
e ex rem rem	14.	FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME		Last
e be	1/		es Fleury MED FORCES? 1665. SOCIAL SECURITY N		y Donnelly	
icati sicie pleci I, ar	160	WAS DECEASED EVER IN U.S. AR	was as dates of sension		Address M	d. 21228
ertif phy nen nova	H		219-54-330	U JI Mount de Sa	les 700 Academy R	oad Catonsvill
equires that the death certificate be executed within 24 hours after physicion. signed by the attending physicion and completely filled in by the fuburiol-transit permit. Then please remove carbon papers. Pages I buriol, cremation, or removal, and in any event, within 72 hours after		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one couse per line for (a), (b), and (c).)	CLEROTIC CARDIO VI		BETWEEN ONSET AND DEATH
deo tenc rmit , or		4179 IMMED	IATE CAUSE (a)	LEKOTIC CARGIOVI	JSCOTAL DISCHISE	
the at per		Canditions, if ony, which gave	DUE TO, OR AS A CONSEQUENCE OF			
ot 10 in it in it is in a site in a		rise to immediate couse (a),	(b)			
s th cion d by l-tra , cre		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
uire hysi gne urio urio			NDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after etained by the hospital or attending physicion.  CTOR: After this certificate has been signed by the attending physicion and completely filled in by the fishould be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after the state Dept.	3	4221				
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Pitcla Pitcla of H	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	iner) P.M. 19			
HYSI hosp che ept.	ME	21d. INJURY OCCURRED 21e While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, FACT	ORY.) 21f. LOCATION Street ar R.F.D. No	city or Town	County Stote
JING PHYSICIAI by the hospitol frer this certifice be detoched for		at wark at work		AND PROPERTY OF THE PARTY.	1	
by be Stot		22a. I certify that (I) (t	his hospital) attended the decease	d from Novamber, 19	6/, to face 24, 19	, that (I) (we) last
R: A		causes stated above	re, (1) (we) (did) (did nat) view the b	ody after death.	inian aeath occurrea on the aat	e and nour and from the
S S S S S S S S S S S S S S S S S S S		22b. SIGNATURE	0.0		22c. D	ATE SIGNED /
OR ATTENE be retained DIRECTOR: A e 3 should ed with the		Jac	is legante	MD DEGREE PHYS.	MED. DIRECTOR D STAFF D //	124/68
ral ral page e fille		22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS		
Poge 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		De	rio A. Ugarte M. D		more Pike Catonsv	
Hour Fu	23a	DECEMBER 10 16 3		EMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
5- 5- 3	24	REMOVAL (Specify) BUT 121  FUNERAL DIRECTOR	25/1968 Mount (	de Sales Cemetery	Catonsville, Bal	timore Co. Md.
VR A15 (4) 30M REV. 1/68	24.	En ston File		onsville, Md DATE IA	N 9 C 1968 Pella	SIGNATURE Judge

		D STATE DEPARTMENT OF		
1 00354	·	301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	00000
1,0003		CERTIFICATE OF DEATH		00352
1. DECEASED-NAME Firs	Middle	Lost	2a. DATE OF DEATH	2b. HOUR
(Type or print)	erine E.	Fleming	January 25	1988 11 7 M
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female	White	apr 23	1909 last birthday) YRS.	MONTHS DAYS HOURS MIN,
7o. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
cauntry) Penna	USA	WIDOWED DIVORCED		imore Md.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	a l ll during r	JAL OCCUPATION (Kind of work dane nost alwarking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
10WSON	sed lived, if institution: Residence before	Josephs Hosp.  13c. CITY OR TOWN 13d. INSIDE CITY	LIMITS? 13e. STREET AND NUMBER	
admissian) STATE Md.	13b. COUNTY Balto.		10 × 2621 Wycli	tte Road
14. FATHER'S NAME First	Middle Last	1S. MOTHER'S MAIDEN NAME	11	Lost
Marti			7	nnessey
160. WAS DECEASED EVER IN U.S. AF	The state of the s	A. A.I. (	Address	/C )
Yes, no, ayunknawn) (If yes give	war of agres of service) None	Mr. Norman	. fleming	(Same)
18. CAUSE OF DEATH (Enter of	nly ane cause per line far (a), (b) and (c).	A Dala	The Varlier	APPROXIMATE INTERVAL BETWEEN ONSET AND CHATH
PART I. DEATH WAS CAUS	ATE CAUSE (o)	a resper	exerty resum	failure 241
1519	DUE TO, OR AS A CONSEQUENCE OF		(1)	/ /
Conditions, if any, which gave		vere uner	max ace	and I
stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	. A. A.	a sheda	ocalho ca
last. / B / X	(c) Caree	noma jou	o .coacman	Spormaire
PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(a)	ar-April 1960
Z Took	rete 19			
	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS ( CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
- Max 1966	adeno la 377	mach YES NO	×	
		21c. HOW INJURY OCCURRED (En	er hature af injury in Port 1 or Port 2,	Item 18.)
(If either, notify medical exan	iner) P.M.			
	PLACE OF INJURY (AT HOME, FARM, STREET, FA	CTORY.) 21f. LOCATION Street or R.F.D. N	City or Town	County Stote
at work at wark		MI A	6	100
	nis haspital) attended the deceas	ed from Arch, 19	30, to Nec, 19	0 8, that (1) (we) las
saw the deceased	alive an (i) (we) (did) (did nat) view the	19 69 and that in (my) (aur) a	pinian death accurred an the d	ate and have and from th
22b. SIGNATURE	e, (i) (we) (aid hai) view me	Body difer dealif.	270	DATE SIGNED
1226. SIGNATURE ()) 4-6	asen y Du	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	1/2668.
22d. PHYSICIAN'S	= 1/0/ /:/ F	22e. ADDRESS	DIRECTOR THIS.	1 11
NAME (Type)	· KASIR V	R 900	SHARFOR	9 Ma
23a. BURIAŁ, CREMATION, REMOVAL (Specify)	1 1 0 1/0 N	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)  em. Secreto	(Caunty) Md (Stote)
24 FLINERAL DIRECTOR	129/08. Vur La		BY REGISTRAR 2Sb. REGISTRAR"	
101	uck. Inc. Balto.	A. 7	N 2 9 1968 PCL	
Leonara J. 1	acity Files Duce of	A 12.2.	1 6 0 1000	



	1.	PLACE OF DE a. COUNIY	timo:	re		MARYI	20	STATE 1 aryl		ere deceased lived, I b. COL		nce before admi
		b. CITY OR TOY	/N (if outside	s corporate lim	nits,	c. LENGTH OF STA	Y IN 1b			corporate limits, wr	ite RURAL end give	neerest town)
		Cator	SVILL	Le				Baltin	more		21229	
an						pitel, give street addre	ess)	d. STREET ADD	RESS			e. IS RESID
70		Summit	Nurs	sing H	lome			4512	Old F	rederick	Road	YES NO
-	3.	NAME OF DECEASED		Firs	t	Middle		Last	4. DF		oth Dey	Yeer
30		(Type or print)	Kath	rvn		Ann	Fols	ger	DE	ATH Janua	ry 1	19 6
4	5.	SEX	6. CO	LOR OR RACI	7. MARRIE	DE NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In year last birthday)	Months Days	Hours A
		Temale	WI	hite	WIDOWE	D DIVORCED	Dec	c. 6. 1	893	74 yrs.	Monins Days	Hours /
	10a	ne during most o	PATION (Gi-	ve kind of wor	rk 10b. K	IND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE	County & Ste	te, or foreign country	) 12. CITIZEN	OF WHAT COL
			resse			airdresse	ידכ	Iosco	Count	y, Mich.	U.S	.A.
	13.	FATHER'S NAM	E					. MOTHER'S MA	IDEN NAME			
		Sylv	este	r Loff	ler			Susann	e Muli	Ler		
	15.		EVER IN U.	S. ARMED FO	RCES?   16.	SOCIAL SECURITY NO	O. 17. INF			Tradalo	9 Old F	rederi
	1111	NO No.	) (II yes give	weror getes of	service)	27-38-804	Ber	zhlonv	H. Fo	lger Bal		
	-		F DEATH	[Enter only on	e cause per	ine for (a), (b), and (c)		A			1 1/4	TERVAL BETW.
		DARTID	EATH WAS	CAUSED BY:	100 01	11004 1		// ,			0	NSET AND DE
		PAKI I. D	IMMEDIA	ATE CALISE (A	mai	young o	YIN	1 m				1 4 Rote
	H	1 FARTIL D	IMMEDIA	ATE CAUSE (e		yrang c	TU	en				2 year
		1538	IMMEDIA	ATE CAUSE (e		arrang c	TA	en	els			2 year
		Conditions, if gave rise to im-	IMMEDIA	ATE CAUSE (e DUE TO	; 94º	inerally d	Jan	etrolo	els			l gla
		Conditions, if gave rise to im.	IMMEDIA any, which nediate caus	DUE TO	; 94º	enerally d	Ju	en	els			2 gla
	z	Conditions, if gave rise to im (e), stating the cause last.	IMMEDIA any, whice nediete cause underlying	DUE TO	) Y	enerallyid	J CM			EASE CONDITION G	IVEN IN PART 1(e)	
X	NOIN	Conditions, if gave rise to im (e), stating the cause last.	IMMEDIA any, whice nediete cause underlying	DUE TO	) Y	LINEAUTING TO DEATH	BUT NOT R			ease condition g	IVEN IN PART 1(o)	19. WAS AUT
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×	AL CERTIFICATION	Conditions, if gave rise to im (e), staling the cause last.  PART II. O  20e. ACCIDEN' OR CONTRIBUT (IF EITHER, NO	IMMEDIA any, which mediate caus underlying THER SIGNIF	DUE TO  (b)  (c)  DUE TO  (c)  CICANT COND  DERLYING  DISE OF DEATH  AL EXAMINER	ON TITIONS CON	ATRIBUTING TO DEATH	OCCURED. (E	RELATED TO THE T	ERMINAL DIS	Part II of item 18.}		19. WAS AUT PERFORM YES NO
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MAKTLANU STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 00355 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DECEASED-NAME First Middle 20 DATE KNOWNED Month Yeor 2h HOUR (Type or Print) OF ESTI-Nellie P. Forbes 1968 Jan. 4. RACE 6. AGE (In years IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR Month Jan Female White May 17, 1892 19 68 10am 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH 1 and 2 with the State De Examiner's Office olong with form countryVirginia U. S. A. WIDOWED [ DIVORCED [ Baltimore in Item 18. Give Poges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY 7323 Geise Ave. Jones Creek 13d. INSIDE CITY LIMITS? 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER ofter death. odmission) STATE Md. 13b. COUNTYBaltimore Jones Creek YES NO K 7323 Gease Ave. 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle Annie Laurie James Samples poges pencil i 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, go or unknown) (If yes give war or dates of service) None Husband. Wallace G. Forbes, #13 File within , APPROXIMATE INTERVAL be executed 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH forwarded to the Chief Medical PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if ony, which gove rise to immediate couse (a). Ony writing the word certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) or removal, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. YES [ NO DC 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) NOT WHILE AT WORK Inquiry 3 FUNERAL DIRECTOR: 220. I certify that I took charge of the remains described above, held on Autopsy , Inspection X ond in my opinion deoth resulted from: Notural couses Accident . Suicide Homicide Undetermined monner 6800 Mornington Rd. CHIFF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Dundalk, Melvin B. Davis M.D. ADDRESS(Street, city, town, or county) Md. NAME (Type) 0 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) 1/8/68 BMOVAL (Specify) Oak Lawn Cemetery Baltimore, Md. 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR John J. Duda, 7922 Wise Ave. Dundalk, Md. DATETAN Mcliante 1968 10M REV.

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MAKTLAND STATE DEPARTMENT OF HEALTH 00358 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00356 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2g. DATE OF DEATH 2b. HOUR death death and (Type or print) Month JOHN Day 1968 the Tun transit permit. Then please remave carban papers. Pages L crematian, ar remaval, and in any event, within 72 haurs after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 24 hours after Pages MALE last birthday) YRS. WHITE MONTHS OAYS HOURS Sept. 25,1887 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED MEVER MARRIED .⊆ country) Balto. U.S.A. WIDOWED Md. DIVORCED [ Md. filled 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired.) give street oddress) **INDUSTRY** campletely Balto. Summit Nursing H. Retired 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE MO 13b. COUNTY 13c CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? NO [ 503 Glen Allen Drive Baltol 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle Last and Ed Forrest Mary Belle Banks 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, na. or unknown) Mrs. John B. Forrest 503 Glen Allen Dr. Balt 213-09-4892 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) signed by the burial-transit p rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) has been director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES | TO FUNERAL DIRECTOR: After this certificate be retained by the hospital ar 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY County State City or Town While Not while at work Aug 12, 1966, to JAN 3, 1968, that (1) (we) last 22a. I certify that (1) (this haspital) attended the deceased from 1968, and that if my) (eur) apinian death accurred an the date and haur and fram the saw the deceased alive an-3 shauld causes stated above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) 23a. BURIAL, CREMATION REMOVAL (Specify) Loudon Park Cem. 1/6/68 Balto. Md 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Witzle F. D., 4101 Edmonds on Av. Balto., Md. 21229 Edmondson Ave. VR 1968 DATEAN 30M REV 1/68

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		(m. 10)	Amin Park	283\0\2.	
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Pages 1 and 2 urs after death.

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00359

## CERTIFICATE OF DEATH

00357

-				
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institution	n: Residence before odmission)
	o. COUNTY Baltimore	MARYLAND	o. STATE Mary land b. COUNTY	Baltimore
-	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURA	
	write RURAL and give negrest town)			s one give nooros. Iown,
-	TOWSON		lowson	IC DESIDENCE
	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	620 Chestnut		620 Chestnut 1	TUE YES NO X
3.	NAME OF First	Middle	Lost 4. DATE Month	Doy Year
	(Type or print) Edna	Woolston	FOX DEATH JANUA	RY 19 1968
S.	SEX 6. COLOR OR RACE 7. M.		B. DATE OF BIRTH 9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
	remale White will	DOWED DIVORCED	Oct. 17, 1890   lost birthdoy) 77 yrs.	Months Doys Hours Min.
100	D. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country)	12. CITIZEN OF WHAT
dur	ring most of working life, even if retired)	INDUSTRY Lange	Buchanan Co., lowa	COUNTRY? V.S.
13	. FATHER'S NAME	·wosewije	14. MOTHER'S MAIDEN NAME	-[. 3;
	William P. Woo	-1-1		
10				
(Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) ((If yes give wor or dotes of service)	to.	NFORMANT Address	E. 20th St.
Ĺ	Ves W.N.I	154-38-5050 16	enetta Fox Mead N.V	N. V.
	16. CAUSE OF DEATH (Enter only one couse per		•	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ARCINOMATO	5/5	PO PO DEATH P
	DUE TO			1 111111111
	Conditions, if ony, which gove ) (b)	ARCINOMA C	F BREAST	2/2 years
	rise to immediate couse (a), (		12/1-1101	7,2,750,13
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	// O X ' ' ' ' ' '	NATIONAL TO DESCRIPTION OF ASSESSED TO	THE TRANSPORT OF THE PROPERTY	I I WAS AUTORSY
No	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
A	NONE			YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 1B.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor		CE OF INJURY (Home, farm, 20f. (City or town)	(County) (Stote)
MEC	Hour o.m. p.m. 19	While of work of work of work	ory, street, office bldg., etc.)	
	2.111.		2/11/1 1069 10/11/4	1068 that (I) (
	saw the deceased alive an	attended the deceased fram_	death accurred at AM, fram causes ar	, 19 <b>66</b> that (I) (we) last
	220. SIGNATURE	1768, did illa	death accorded dig 1. 18 m, fluit causes di	22b. DATE SIGNED A
Н	220. SIGNATURE 1	( ) m )	D. PHYS. MED. STAFF DIRECTOR PHYS.	226. DAJE SIGNED 6 Q
115	copert.	Darker M. D. M.I.	D. PHYS. LV DIRECTOR L PHYS. L	11900
	22c. PHYSICIAN'S NAME (Type) ROBEPT	- DARIVER MI	SOUTH BAITS CEN	4,50 212011
_	TOUR	· IVIICA LOCINIC	JOHN PALIO GUIN	11031 07204
230	D. BURIAL, CREMATION, 23b. DATE THEREOF	23c. MAME OF CEMETERY OR		
	100 PIPL 22 JAN 19	68 HRLINGTON N		UA.
24	4. FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGI	STRAR'S SIGNATURE
1	INDIDI TUNERAL HOME H	nc 1400 GERGIARE	90 200, > DATAN 2 2 1968	carles judges
T- "		-50		44

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires thot the death certificate be executed within 24 hou Page 4 may be retained by the hospital or ottending physicion. **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the ottending physician ond completely a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon should be filed with the Stote Dept. of Heolth prior to burial, cremation, or removol, and in ony event, with VR A15 (4) 25M 1/67

CHASTA DE DINONES

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 00360 CERTIFICATE OF DEATH death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Baltimore MARYLAND Varuland b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) lowson 24 haur d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ⊆ E d. STREET ADDRESS filled louse-in-the-Pines Nursing Home OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within NAME OF carban Middle DATE DECEASED (Type or print) Richard Alfred Francis anuaru. DEATH S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED Manths birthday) Male White and in any WIDOWED X DIVORCED December 30 and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician a during most of working life, even it retired) Maruland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, John Charles Francis Ida Morgan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) amily record 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physician. DUF TO Canditians, if any, which gave rise ta immediate cause (a). far use as the t Health priar tab stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) IO FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port 1) of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? NO 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (State) (County) Haur o.m. factory, street, office bldg., etc.) Not While at wark 21. I certify that (I) (this hospital) attended the deceased fram 12-29 , 1962, to 1-1-19 & 8, and that death accurred at 15 PM, fram causes and an the date stated above. saw the deceased olive on\_ 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. 22d. ADDRESS 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify)

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12. CITIZEN OF WHAT

COUNTRY?

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24 FUNERAL DIRECTOR

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		110000		CERTIFICATE OF DEAT	H	00360
£ - 2.4.		ECEASED-NAME First	Middle	Lost	2a. DATE OF DEATH	2b. HOUR
Tunero Ter-deoi	L	Type or print) Clar	ra Bell	Freeman	January 2	1968 9 P. M
the Tuneral and offer death	3. 5	EX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS   DAYS HOURS   MIN.
		F	ω	4/19/187	6 lost birthday) YRS.	MONTHS! SAIS HOURS MIN.
by hau		ntrv)	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
d ir pers		Illinois U	.S.A.	WIDOWED DIVORCED	Baltimore 12	Md.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after decided be retained by the haspital ar attending physician.  NRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral e 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages Longed with the State Dept. at Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after decided with the State Dept.	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN:	STITUTION (If not in haspitol 120.	USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
with with with with with with with with	-	Baltimore 12	Armac	ost Nursing Home	ng mast of warking life, even if retired.)	Own Home
ple cal	odn	usual RESIDENCE (Where deceased issian) STATE	lived, if institution: Residence before	Vrc	NO 13e. STREET AND NUMBER	
05 × 6 CO	-	FATHER'S NAME First		Balto.	- 202 Cedarch	
and in or in or	14.		Middle Lost	IS. MOTHER'S MAIDEN NA	ME FIRST MIDDLE	Lost
ndi	140	. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b. SOCIAL SECURITY	NO. 17. INFORMANT	Address	Hayden
ple ,		(es, na, ar unknawn) (If yes give war a	or dates of service)			Same)
) ) ) (	=	No CAUSE OF DEATH /5-1		Mrs. Joseph S	. Whittington (S	APPROXIMATE INTERVAL
ren		PART I. DEATH WAS CAUSED B	one couse per line for (o), (b), and (c).	0.0.1	1 /	BETWEEN ONSET AND DEATH
rmit r, ar		1133 9 IMMEDIATE	6	earne These	estall	24 mis
pnysican. signed by the attending phy burial-transit permit. Then I burial, cremation, ar removal		Canditions, if ony, which gove)	DUE TO, OR AS A CONSEQUENCE OF	1: 1 21	Largelessie	20+11.
y th insil emo		rise ta immediate cause (o),	DUE TO, OR AS A CONSEQUENCE OF	er herzest en les	renovember	aorga.
-tr-		stating the underlying couse	(c)			
burial,		PART 2. OTHER SIGNIFICANT COND!	ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(o)	
oriar ta b	7	332x				
rior	CERTIFICATION	190. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS PE	RFORMED 20o. AUTOPSY?	20b. IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
dy L	TIFIC			YES N	O CAUSES OF DEATH?	
of Health prior to		210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. Month Doy Year	21c. HOW INJURY OCCURRED	(Enter nature of injury in Part 1 ar Port 2,	Item 18.)
	MEDICAL	(If either, notify medical examiner	r) P.M.			
	W	21d. INJURY OCCURRED While Not while at work 21e. PL	ACE OF INJURY ( AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION Street or R.F.I.		County State
state Dept. al			hospital) attended the deceas	ed from Mary,	1950, to Jan 2, 19	that (I) (we) last
ith the		saw the deceased aliv	(I) (we) (did) (did not) view the	body after death	) apinian death occurred an the da	ite and haur and fram the
£		22b. SIGNATURE	if (we) (ala) (staster) view me	2 1	22c.	DATE SIGNED
₹		Frederick	6 L//allines/	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	Lan 2 1968
tile tile	1	22d. PHYSICIAN'S	//	22e. ADDRESS	/	1 1
should be filed with the		NAME (Type) Dr. Fr	ederick I. Vollme	er 6100 yo	rk Road	
1	230	. BURIAL, CREMATION, 23b. DA	TE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
S	B	REMOVAL (Specify)		ington	Drexel Hill	Pa.
5 (4)	24.	FUNERAL DIRECTOR H. W. Jenkins &	Sons Co. 4905 You	wh Dood	C'D BY REGISTRAR 2Sb. REGISTRAR'S	
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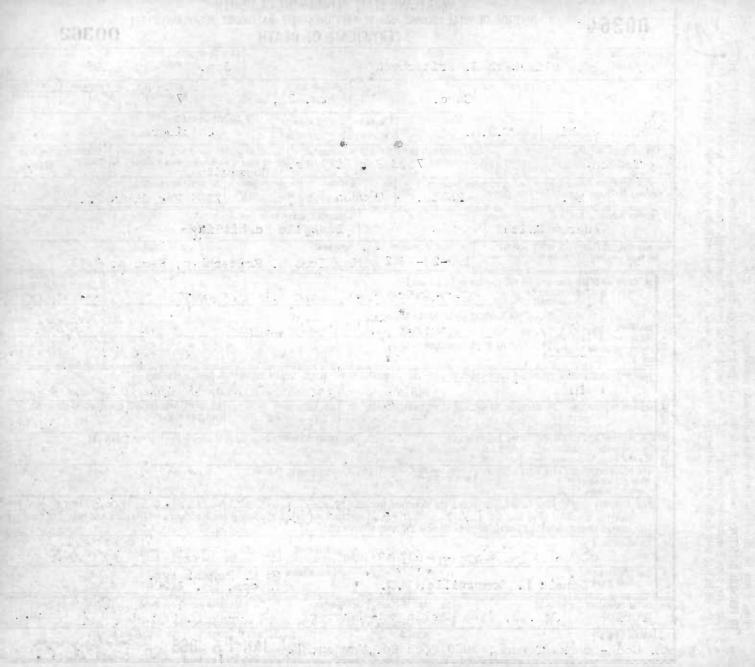
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00361 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME First Middle 2a. DATE KNOWN X Month (Type or Print) ESTI-(Lisetta Friedel LIZETTA Poge MARY FRIEDEL DEATH MATED January deloy ond 3 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 3. SEX AGE (In years puo PM3 Sept. 23, 1907 Female White 60 yrs 'c' 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH form Give Poges 1, country) Maryland USA WIDOWED & DIVORCED Baltimore 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR ofter death Office along with 1008 Essex Avenue during most of warking life, even if retired.) INDUSTRY pages 1 and 2 with the Essex (21) Dairy Store 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN death Marylandisb. COUNTY Falthore pencil in Item 18. 1008 Essex Ave. Essex YES NO K after 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle John T. Jones Anna M. Sigrist hours the Chief Medical Examiner's within 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS (Yes, no ar unknown) 28 9101 Francis Jones Same File .= APPROXIMATE INTERVAL within executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditians, if any, which gave rise to immediate cause (a), should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊑ forworded ta certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 00 nsed CONTINUON FOR WHICH OPERATION 19a. DATE OF OPERATION 20. AUTOPSY? please execute the certificate, pe 21b. TIME OF INJURY Manth, Bay Year a 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should HOUR A.M MEDICAL PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) may be retained for your FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy . Inspection 1 Inquiry L and in my apinian Natural causes Accident . death resulted fram: Suicide . Hamicide Undetermined manner CHIFF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER funerol SIGNATURE DEPUTY MEDICAL EXAMINER 5 may b ro FUNER Health Melvin B. Davis, M. D. 6800 Morning to MES Ridget, Duty and Runty) Md. NAME (Type) the 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (State) Bur (Specify) 1/26/68 Holy Redeemer Cemetery Baltimore, Md. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Funeral Home 1407 Eastern Ave. VR A15ME (5) Bruzdzinskí 10M REV. 1/68

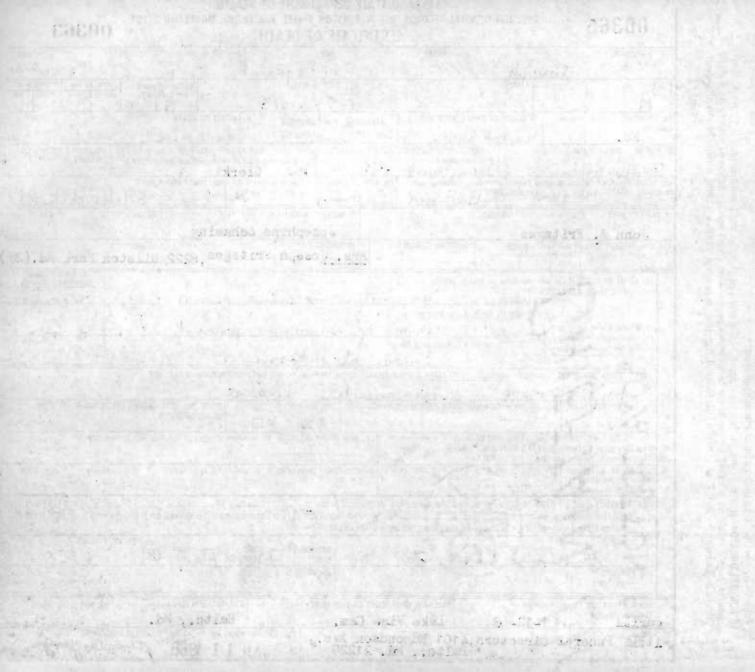
MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00364 00362 CERTIFICATE OF DEATH DECEASED-NAME Last 2a. DATE OF DEATH 2b. HOUR requires that the deoth certificate be executed within 24 hours after death. (Type ar print) Elizabeth S. Fritschman Jan. Month 10 Day 19691 signed by the ottending physician and completely filled in by the fur burial-transit permit. Then please remove carbon papers. Pages 1 buriol, cremation, or removol, and in ony event, within 72 hours after 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 3. SEX 4. RACE last dirthday) Aug. 21,1889 Cauc. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED countryPhiladelphia U.S.A. Baltimore WIDOWED X DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 7505 Far HillsDr. | 120. USUAL OCCUPATION (Kind of work dane during most at warking life, even if retired.) | Housewife 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR INDUSTRY Towson Home 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Md. Balto. YES NO X Towson 7505 Far Hills Dr. 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle First Isabelle McPhillimy Andrew Smith 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, never unknown) (If yes give war ar dates of service) 196-28-1882 Miss Irma M. Fritschman, Same as # 13 18. CAUSE OF DEATH (Enter anly one couse per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEAT VASCULAR ACCIDENT CEREBRO MINUTES IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) ARMERIUSC LEROSIS CEREBRAL rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) CARCINOMATOS IS, PRIMARY SOURCE UNKNOWN O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use os the should be filed with the State Dept. of Heolth prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO 🔲 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County While Nat while at work 220. I certify that (1) this hospitol) ottended the deceased fram 3/4, 19/64, ta/10, 19/68, that (1) we) lost saw the deceased alive on 1/8, and that in (my) (our) opinion death occurred on the date and haur and from the couses stated above, (1) (we) (did) (did not) view the bady ofter death. ATTENDING PHYS. MED. DIRECTOR 22e. ADDRESS 25 W. Penna. Ave. Towson, Md. 21204 22d. PHYSICIAN'S NAME (Type) Donald L. Somerfille, M.D. 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL Spelify) Jan.13, 1968 Arlington Cemetery Penna. Drexel Hill 25b. REGISTRAR'S SIGNATURE ADDRESS 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Wm. Cook-Brooks Towson, 1050 York Rd., Towson, Mdoate JAN 15 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00365 00363 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) campletely filled in by the funeral nave carbon papers. Pages 1 and Month 050M Yeo SEX RACE IE UNDER 1 YEAR 6. AGE (In years IF UNDER 24 HRS signed by the attending physician and campletely filled in by the fiburial-transit permit. Then please remave carbon papers. Pages burial, cremation, or remaval, and in any event, within 72 hours atter last birthdoy) MONTHS DAYS HOURS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Md. WIDOWED [ DIVORCED [ Baltimore 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Battimore Spring Grove Hospitals Clerk 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admissian) STATE Maryland 13b. COUNTY Baltumare YES 🗍 6222 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Josephine Schmaing Fritzges John A. 17. INFORMANT Address Address Park Rd. (28 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, no, or unknown) APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line-for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) director, page 3 shauld be detached for use as the FUNERAL DIRECTOR: After this certificate has been saass 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES X NO T Nove 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH NO. Manth 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Port 2, Item 18.) Month Day Year (If either, notify medical examiner) ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while 22a. I certify that (1) (this hospital) attended the deceosed from 1/8 19 68, to sow the deceased olive on 1968, and that in my (our) opinian death occurred on the date and hour and from the causes stated abave (I) (we) (did) (clid not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) Buria (Specify) Lake View Cem. Balto. . Md. Witzke Funeral Directors, 4101 Edinondson Ave., Balto., Md. 21229 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 30M REV.

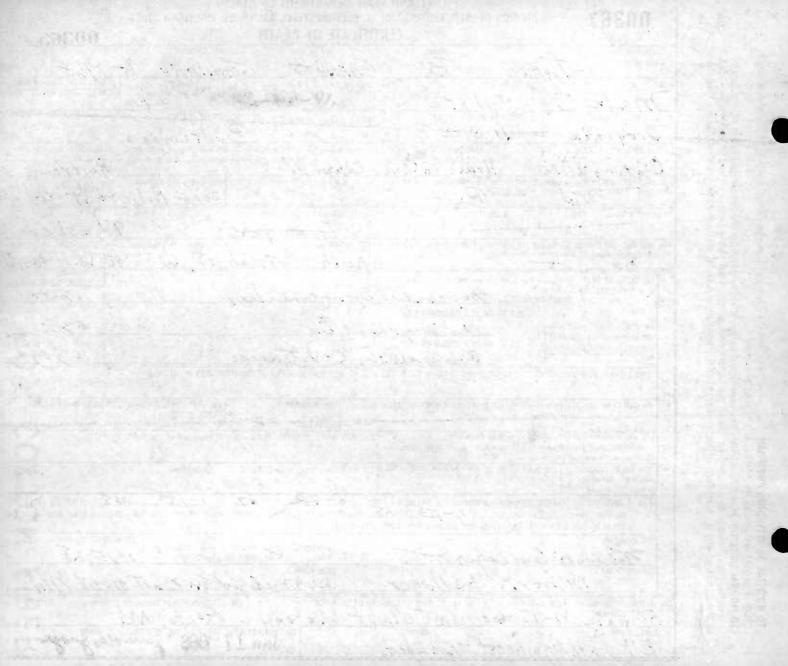


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00366 00364 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOURA First deoth. (Type ar print) JANUARY BABY HE HI BOY FULTON IF UNDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years law requires that the death certificate be executed within 24 hours often last birthday) DAYS the attending physicion ond completely filled in by the sit permit. Then please remove carbon papers. Pages MONTHS MALE WHITE JANUARY 10. 1968 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) U.S.A. DIVORCED BALTIMORE WIDOWED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street address) during most of working life, even if retired.) NONE TOWSON HOSPITAL burial, cremation, or removol, and in any event, 13c. CITY OR TOWN 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY NO PC Dundalk YES 1930 PENHALL 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First **First** Middle Lost Charles FULTON R. Address MCI . 17. INFORMANT (Father 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Kes na, or unknown) Mr. Charles Fulton, 1930 Penhall Rd. Dundalk None APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) RESPIRATORY DISTRESS SYNDROME DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Canditians, if any, which gave ) PREMATURITY rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate hos been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? NO T YES 🗍 director, page 3 should be detoched for use should be filed with the State Dept. of Health 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Nat while at wark O HOSPITAL OR ATTENDING Poge 4 moy be retained by th 22a. I certify that (I) (this haspital) attended the deceased from JANUARY 10, 1968, to JANUARY 12, 1968, that (I) (Xe) last saw the deceased alive an JANUARY 12, 1968, and that in (my) (axr) apinion death accurred an the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE JANUARY 12. 1968 22e. ADDRESS 22d. PHYSICIAN'S JOSE S. AGUTO, M.D. YORK ROAD NAME (Type) TOWSON. MD. #21204 23c. NAME OF CEMETERY OR CREMATORY
Sacred Heart of Jesus Cem 23d. LOCATION (City or Town)
Baltimore, (State) 23a. BURIAL, CREMATION, 23b. PATE /68 BHOWAL Specify) 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE John J. Duda, 7922 Wise Ave. Dundalk, Md. VR A15 (4) 30M REV. 1/88

MARYLAND STATE DEPARTMENT OF HEALTH

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MAKTLAND STATE DEPAKTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00371 00369 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR death and (Type or print) A1ma Month Virginia Geyer 1968 **) FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the New director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 should be filed with the State Dept. of Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs after 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years IF UNDER 24 HRS. lost birthdoy) HOURS Female White 6-29 1884 The law requires that the death certificate be executed within 24 haurs 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Balto. Md. campletely filled in U.S.A. WIDOWED X DIVORCED [ Baltimore 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR dive street oddress)
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Homemaker INDUSTRY Stoneleigh 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before LI3c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY altimore odmission) STATE 330 Regester Ave YES [ 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Elisha Ida Bacon F Sauter 16b. SOCIAL SECURITY NO. 7 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 2500 303 Regester Ave A. John Gever Jr. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

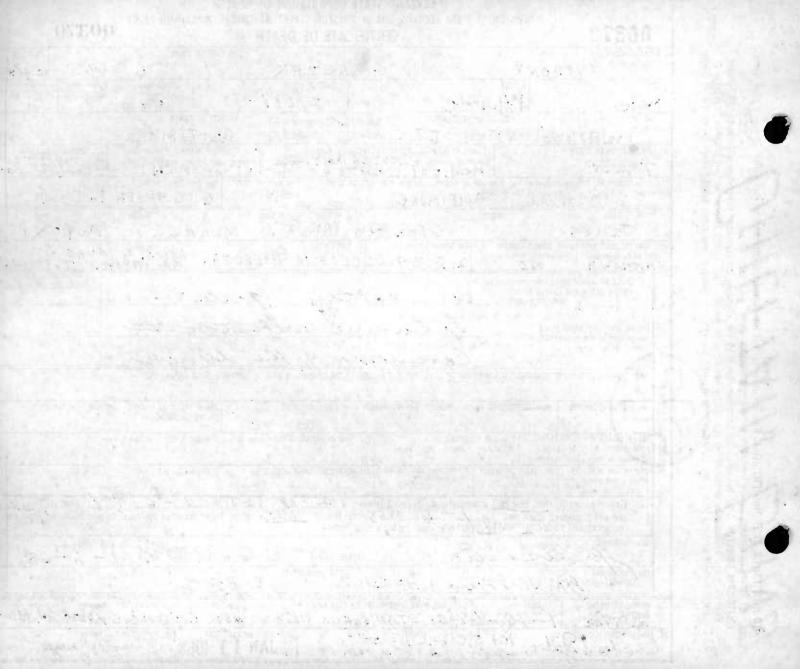
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Burial Pikesville Balto. Druid Ridge Cemetery 0 968 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Mitchell Wiedefeld Home 6500 York Rd DATE 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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10	1		DIVISION OF VITAL RECORDS, 301 W. PRESTON	STREET, BALTIMORE, MARYLAND 21201
			00372 CERTIFICATE O	OF DEATH 003'70
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att has	h p	E	YES	CAUSES OF DEATH?
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Spiegra	t. o	MEDICAL		Street or R.F.D. Na. City ar Tawn County State
h ho	e p		21d. INJURY OCCURRED While Nat while 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION S	Silest of K.I.D. No. City of towit Cooking Store
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retoined by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been	s di		REMOVAL Specify 1-10-68 ST, STANISLAUS	
42.		24.	FUNERAL DIRECTOR Q: 1. 901 5, CO NK ADDRESS 57.	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
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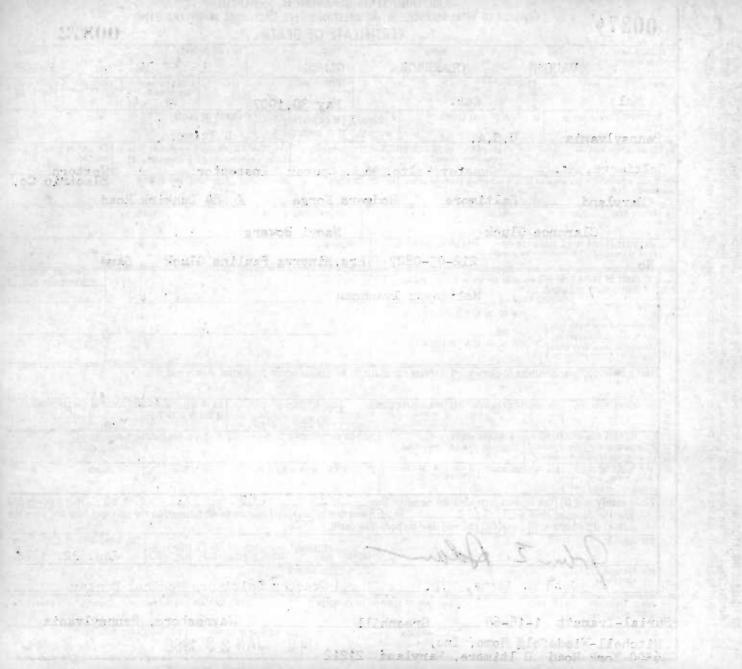


## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00371 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2n DATE OF DEATH First 2b. HOUR fune al (Type ar print) Manth JAMES R. GILLIS within 24 hours after 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years 50st birthday) burial-tronsit permit. Then please remove corbon popers. Pages burial, cremotion, or removal, ond in ony event, within 72 hours aff DAYS 6/10/15 MALE NEGRO 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED XNEVER MARRIED country) campletely filled in DIVORCED [ WIDOWED | BALTIMORE COUNTY VIRGINIA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast of warking life, even if retired.) FORT HOWARD MECHANIC CARACE 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed BANTYMORE CITY YES T BALTIMORE 2803 W. LANVALE STREET 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Last Last GILLIS HOWARD ELIZABETH WEST 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes no or unknown) (If yes give war or dates of service) 217 05 45 92 CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RECENT RENAL FAILURE DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Canditians, if any, which gave ) RETROPERITONEAL HEMORRHAGE rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) BILIARY CIRRHOSIS AND BRONCHOPNEUMONIA be detoched for use os the Stote Dept. of Heolth prior to has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF BEATH? YES K NO [ Poge 4 moy be retoined by the hospital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at wark FUNERAL DIRECTOR: After 22a. I certify that (t) (this hospital) attended the deceased from 12/26/67 saw the deceased alive an 1/17/68 19 , and that in task and that in tow) (our) opinian death accurred an the date and haur and fram the director, page 3 should should be filed with the causes stoted obove, 21) (we) (did) (2002 post) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. 1/18/68 PHYS 22e. ADDRESS 22d. PHYSICIANS JOHN D. TALBERT, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) 23d. LOCATION (Citý ar Tawn) 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) BURTAL RATTIMORE NATIONAL RATITIMORE MARYTAND 24. FUNERAL DIRECTOR 30M REV 1/68 BATTE MORE MD

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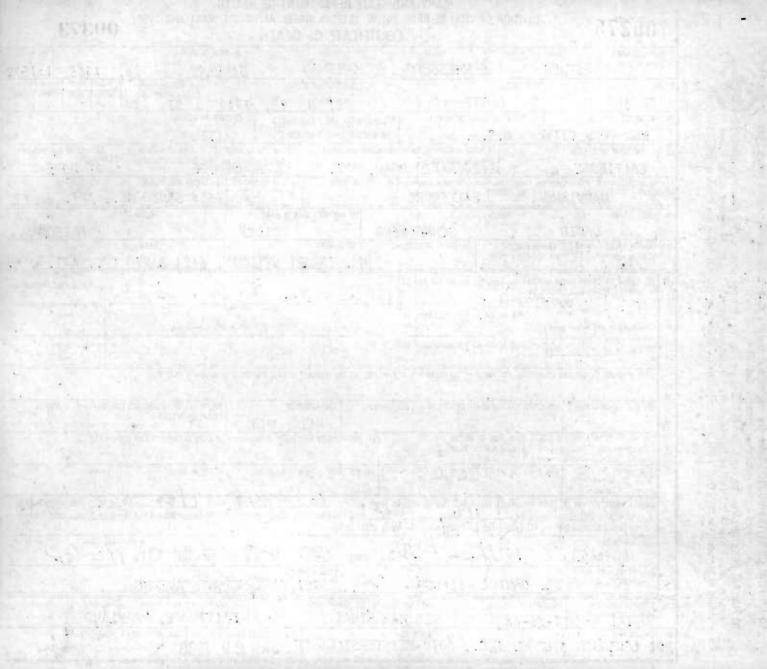
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00372 CERTIFICATE OF DEATH . DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR deoth (Type or print) 12 Doy VAUGHN 2:20PM CLARENCE GLUCK 3. SEX 4 RACE S. DATE OF BIRTH IF LINDER 24 HRS OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after 6. AGE (In years IF LINGER 1 YEAR within 72 hours offer last birthdoy) Male. Cau. May 30, 1907 60 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) .⊑ papers. DIVORCED [ WIDOWED [ Baltimore Pennsylvania

10. CITY OR TOWN OF DEATH U.S.A filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY remove carbon Baltimore, Md. Western Electric Co. Greater Balto, Med. Center Inspector event, 13o, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Baltimore Rodgers Forge 84 Dunkirk Road Maryland ond in ony 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Lost Lost Naomi Bowers Clarence Gluck ottending physicion permit. Then pleose 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) I (If yes give war or dates of service) or removol, 212-09-0827 Mrs. Minerva Pauline Gluck Same APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND GEATH Malignant lymphoma IMMEDIATE CAUSE (o) cremotion, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) the burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF TO FUNERAL DIRECTOR: After this certificate has been signed by **10 HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 moy be retained by the hospitol or ottending physicion. stoting the underlying couse burial, lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o) os the 2002 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES X Yes 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. City or Town Stote County While Not while of work 22a. I certify that (I) (this hospital) attended the deceased fram 12/2 19.67 to 1/12 . 19<u>68</u>, that (I) (we) lost sow the deceosed alive an 1/12 \_19\_68 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF director, page 3 should be filed v DIRECTOR . Jan. 12, 1968 DEGREE PHYS. PHYS. 22e, ADDRESS 22d. PHYSICIAN NAME (Type) John E. Adams, M.D. Greater Baltimore Medical Center 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify)
Burial-Transit Waynesboro, Pennsylvania
GISTRAR | 25b. REGISTRAR'S SIGNATURE 1-16-68 Greenhill 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR VR A15 (4) Mitchell-Wiedefeld Home, Inc. 1968 30M REV. 1/68 6500 York Road B Itimore, Maryland 21212



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00375 00373 CERTIFICATE OF DEATH Last 1. DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR (Type or print) ESTHER SCHNEEBERG GOLDMAN 4. RACE IF UNDER 1 YEAR 3. SEX S. DATE OF BIRTH 6. AGE (In years hours after DAYS last birthday) FEMALE WHITE OCTOBER 29. 1910 YRS. 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED M NEVER MARRIED U.S.A. WIDOWED [ DIVORCED [ BALTIMORE THE STATE OF THE S 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within during most of working life, even if retired.) **INDUSTRY** BALTIMORE camplete burial, crematian, ar remaval, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES 🗀 NO X 6624 SANZO 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle DAVID SCHNEEBERG LUCY FRIEDMAN 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or ugknown) MR. ISRAEL 6624 SANZO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been be detached far use as the State Dept. af Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO [ O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. State City or Town County While Not while at work directar, page 3 shauld shauld be filed with the couses stoted above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED STAFF PHYS. **ATTENDING** DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 5721 PARK HEIGHTS AVENUE DR. DANIEL WILFSON 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) BURIAL (Specify) NEW HAR SINAT BALTIMORE, MARYLAND 1-28-68 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR SOL LEVINSON & BROS. INC., 6010 REISTERSTOWN 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



				MARYLA	ND STATE DEPARTMENT OF	HEALTH	
11			00376	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	
7		П	00010		CERTIFICATE OF DEATH		00374
	h 2 h		ECEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
	after death	(	ype or print) Eugs	INE JAMES	GOLDSMITH	Month Doy	Year 225 <sub>M</sub>
	er 25	3. S		4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
	to de la composition della com		MALE	WHITE	9/15/0	last birthday) YRS.	MONTHS: DAYS HOURS MIN.
	on on	70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	in 24 hours illed in by popers. Pe hin 72 hoos		BALT. Ma.	USA	WIDOWED DIVORCED	Baltimore County	✓ • Md.
	po po hin		ITY OR TOWN OF BEATH	11. NAME OF HOSPITAL OR I	NSTITUTION (If not in hospital 120. US	SUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
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	The low requires that the death certificate be executed within 24 lattending physician.  has been signed by the attending physician and completely filled in se as the buriol-transit permit. Then please remove carbon paper th prior to burial, cremation, or removal, and in any event, within 72	13o. adm	usual RESIDENCE (Where deceo	sed lived, if institution: Residence before 13b. COUNTY		NO 939 Rept	ewst.
	ond corremon n ony	14.	ATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME	First Middle	Lost
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	physicion one please loval, and i	160	WAS DECEASED EVER IN U.S. AR	and the state of t	NO. 17. INFORMANT	Address	
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	ng p The		18. CAUSE OF DEATH (Enter or	anly ane cause per line far (a), (b), and (b) BY:	:).)	8	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
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	atte perm on,		01110	DUE TO, OR AS A CONSEQUENCE O	F		
	the the sit moti		Canditians, if any, which gave rise to immediate couse (a),	(b)		FAILURE ARTERIOSCH	EKETTE .
	tho tron crer		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O	F O		
	equires that the physician. signed by the control-transit proburial, cremotion		last.		CHOPNEHMONIA		
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	for for free free free free free free fr	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Manth Day Yes	ır		
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	PH his his etac Dep		While Nat while at wark of wark	OFFICE BUILDING, ETC.			
	OR ATTENDING PHYSICIAN: be retained by the hospital or SIRECTOR: After this certificate e 3 should be defacted for u ed with the State Dept. of Heal		22a. I certify that (I) (th	nis hospital) attended the decea	sed from 12 /28 , 19	68, to 1 19, 19	68, that (I) (we) lost
1	ND Sed by Id b		saw the deceased o	alive on 1/19	1968 and that in (my) (aur) a	pinion deoth occurred on the dot	e ond hour ond from the
À	TOR TOR H th			e, (I) (we) (did) (did not) view the	e body after death.	1 nn. n	ATE SIGNED
	OR A De ret De ret DIRECTOR S e 3 s ed wij		22b. SIGNATURE	C 1000 10	DEGREE PHYS.	MED. STAFF DIRECTOR DIRECTOR PHYS.	AIC SIGNED
	y be ode		22d. PHYSICIAN'S	75 min	22e. ADDRESS	DIKECTOK AND PHYS.	
	md md			am Newcomer, M		ilson, Maryland	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	23n	BURIAL, CREMATION, 23b.	DATE 23c. NAME O	F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
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	30M REV. 1/68	1	ornelly For	neral Home Ro	hert Connelly DATE	JAN/28 1968 fcc	carles Judge

MARYLAND STATE DEPARTMENT OF HEALTH 00377 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 003251. DECEASED-NAME Middle 20. DATE OF DEATH JAN. Month 19 Doy (Type or print) GORDON 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthdoy) IF UNDER 1 YEAR cu HITE 3-15-93 MONTHS DAYS F EMALE 24 hours of 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED BAllimorE RUSSIA WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH

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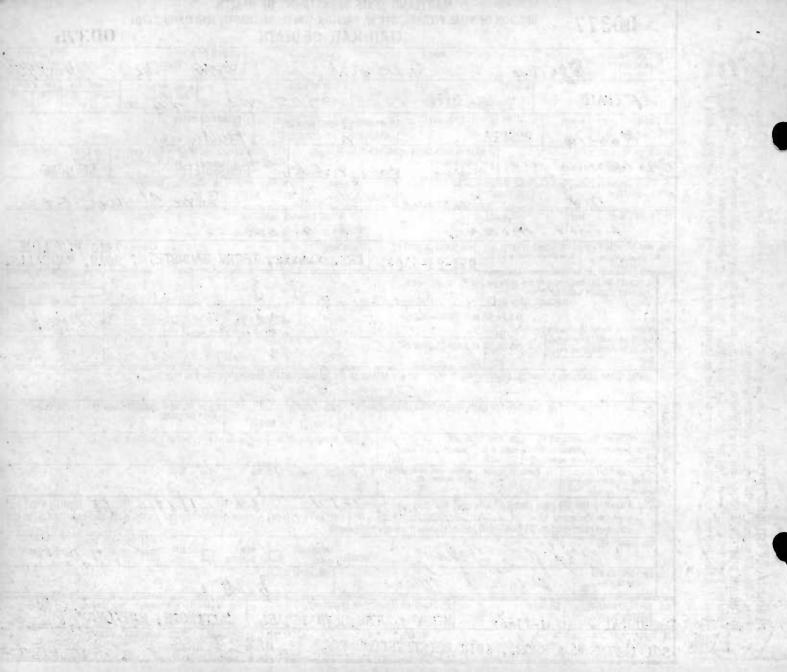
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11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)

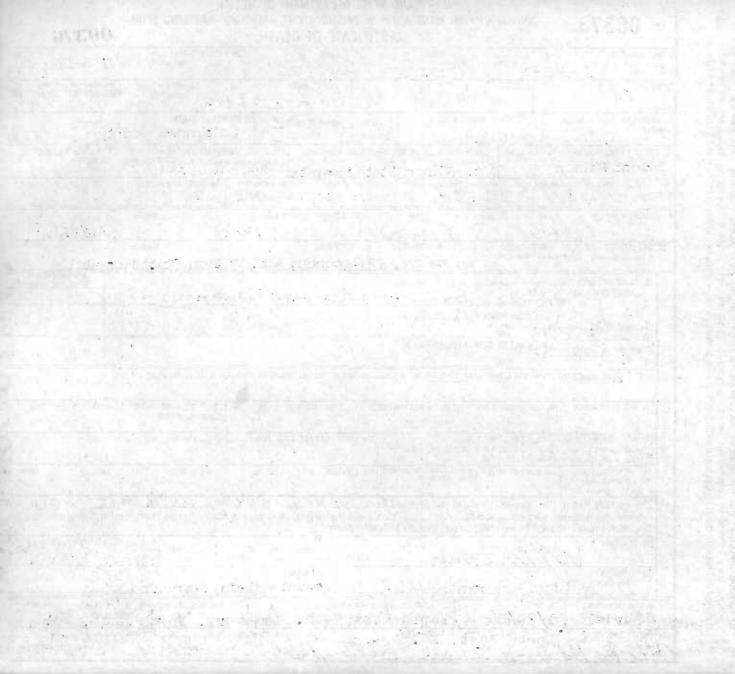
BALFTON County Gert It.

130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. NISIOE CITY LIMITS? 13e. STREET AND NUMBER 12b, KIND OF BUSINESS OR burial, crematian, ar remaval, and in any event, with 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before BALFINGE RANGALISTOWN YES IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Louis MIRKIN MISTRUSS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no grunknown) (If yes give war or dates of service) MRS. XXXXXXX TERRY BAUNSTEIN, ROAD, RANDALLS 058-28-6509 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (0) (Carcinopea) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate couse (o), DUE TO. OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Chalicy like chilab thrazin be detached for use as the State Dept. af Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19o, DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES 🗀 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Doy Yeor 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 12/4, 1967, to 1/9, 19/8, that (I) (we) last saw the deceased alive an 4 19/8, and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, 23b. DATE MIKRO KODESH, BETH ISRAEL BALTIMORE, MARYLAND 1-21=68 24. FUNERAL DIRECTOR

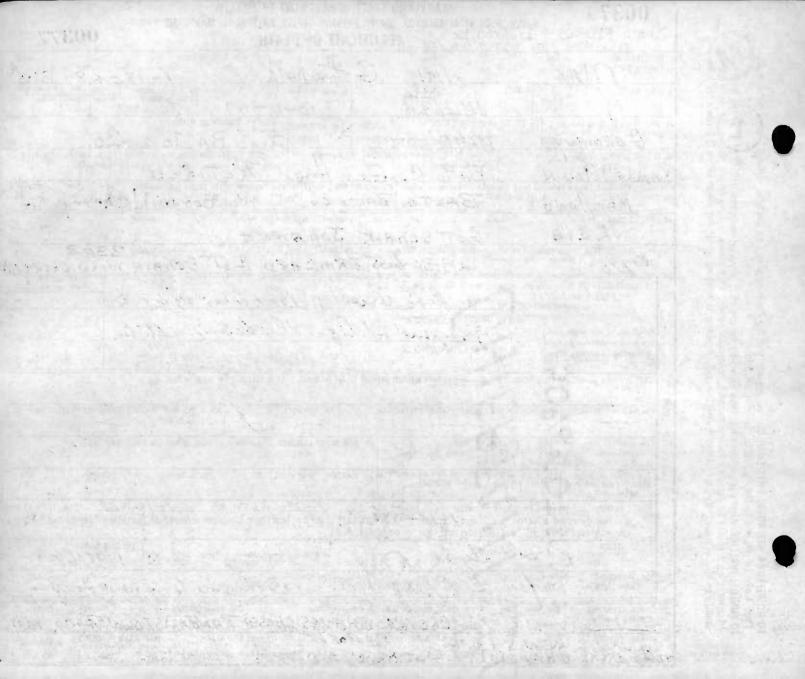
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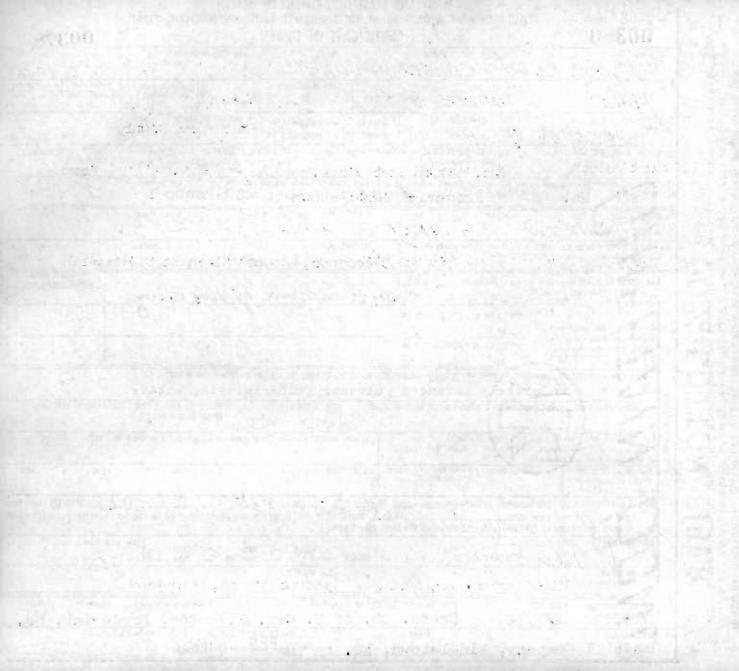
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11			00378	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BA	ALTIMORE, MARYLAND 21201	
4		H	00010		ERTIFICATE OF DEAT	H	00376
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	5 5	3. S	X AA	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	rs at at	L	141.	YV.	FEB.	23-1886 lost birthday) YRS.	MONTHS DAYS HOURS MIN.
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	fille fille pa		CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 12a. U	USUAL OCCUPATION (Kind of work dane a most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
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	end mit. ar r			ED BY: IATE CAUSE (a) FAR ADVA	NIED PULMONARY	(UBERIULOS/3	
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	the the mat		Conditions, if any, which gove rise to immediate cause (o),	(b)			
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	ficat for for He		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. Month Day Year		the notice of injury in Fort 1 of Full 2,	nem to.j
	SICI spirit spir	MEDICAL	(If either, notify medical exam 21d. INJURY OCCURRED 216	iner) P.M. 19  P. PLACE OF INJURY ( AT HOME, FARM, STREET, FAC		. No. City or Town	County State
	OR ATTENDING PHYSICIAN: be retained by the haspital or JRECTOR: After this certificate e 3 should be detached for u ed with the State Dept. of Heal	13	While Nat while at wark	OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street or R.F.D.	. No. City of Town	Cooliny
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	NDING ed by the After Id be d Id be d		saw the deceased	alive on JAN. 16 1 e, (I) (we) (did) (did nat) view the l	968, and that in (my) (our)	opinian death occurred on the d	ote and hour and fram the
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	RAI RAI Po		NAME (Type)\\/illi=	am Newcomer, M		Vilson, Maryland	
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	- 7	24	FUNERAL DIRECTOR	Chille Hickonorth	A 2Sa. REC	OBY REGISTRAN A 256 REGISTRAN	SI SIGNATURE
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and the		Ta	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0.00
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	ro Hospital or Atter Page 4 moy be retaine o FUNERAL DIRECTOR: director, page 3 shaul shauld be filed with th	220	BURIAL CREMATION, 23b. DATE , 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
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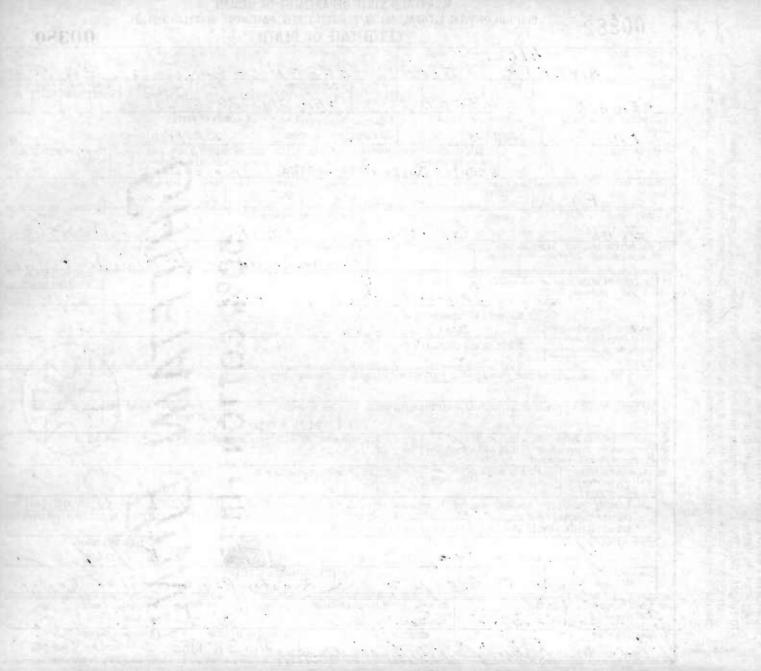


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	O HOSPITAL OR ATTENDING PHYSICIAN: the law requires that the death certificate be executed within 24 houry after Page 4 may be refained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funding director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 should be detached far use as the burial-transit permit. Then please remave verban papers. Pages 1 should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after			rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE ORCC		
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	4 may NERAL Tor, pa	1		22d. PHYSIČIAMS NAME (Type) William Newcomer, N	1.D. Mount Wil	lson, Maryland	(6.1)
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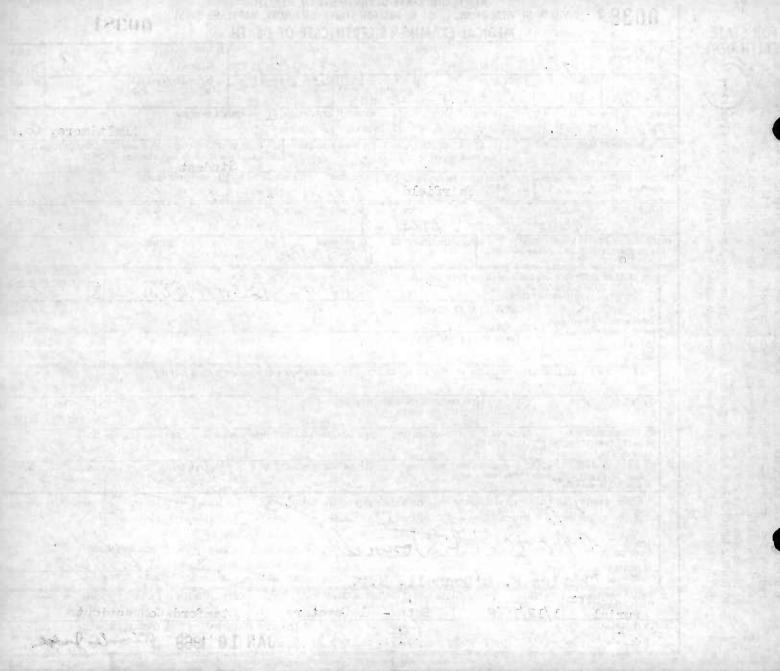
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OR OR Se re a 3 ed w		0.10 2	allent "	me and	EGREE PHYS.	MED. DIRECTOR	STAFF NHYS.	1/3/68	
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SPIT GERA d be		NAME (Type) JOH	IN D. TALBERT	, M. D.	VAH FO	ORT HOWAR	D, MARYLANI	)	
O HOSPITAL OR ATTENDING PHY Page 4 may be retained by the h O FUNERAL DIRECTOR: After this a director, page 3 shauld be detact Should be filed with the State Dep	23a.	BURIAL, CREMATION, 23b.	DATE 23	c. NAME OF CEMETERY	OR CREMATORY	23d. LOCAT	ION (City or Town)	(Caunty)	(State)
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		MARYLAND STATE DEPARTMENT OF HEALTH				
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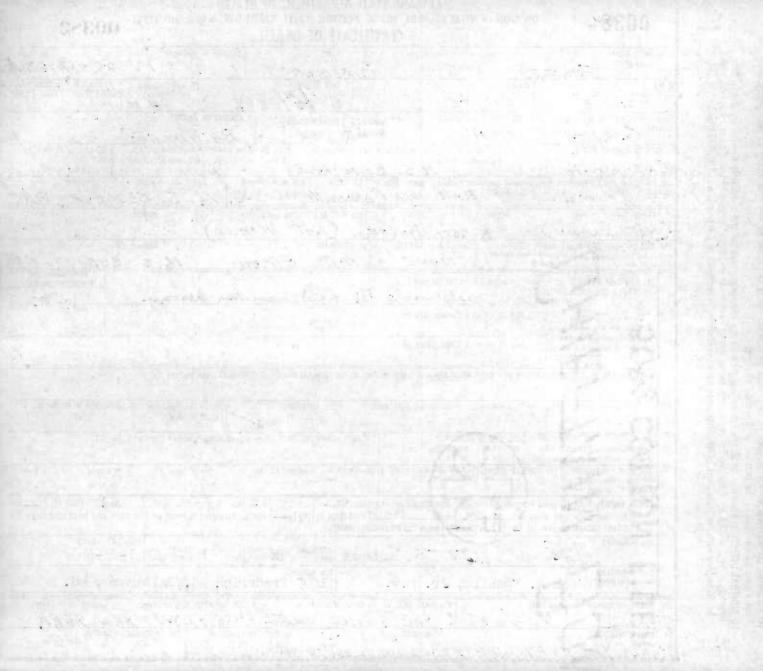


00383 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00381 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Doy Yeor. 2b. HOUR (Type or Print) ESTI-3PM DEATH MATED delay 3. SEX 4. RACE 6. AGE (In years S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR last birthday)
2 3 YRS Day FEMAIE Year 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X 9. COUNTY OF DEATH Office alang with farm WIDOWED | DIVORCED [ MBaltimore, Co. Md. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY OWSON tudent death. 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE CONN. 13b. COUNTY Fairfield in Item 18. STAMFORD YES X NO and 2 after 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost Examiner's haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 16b. SOCIAL SECURITY NO. **ADDRESS** (Yes, no, or unknown) 72 within be executed APPROXIMATE INTERVAL rd "pending" in Chief Medical E 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), any the ward This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause .⊆ te, writing the farwarded to t and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remaval CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES [ NO T pe d 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) shauld MEDICAL PRIMARY TO OR CONTRIBUTING TO HOUR A.M. crematian, CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21 PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote NOT WHILE foctory, office building, etc.) Far 22a. I certify that I taak charge af the remains described above, held an Autapsy Inspection -Inquiry and in my apinion death resulted from: Natural causes Accident . Suicide [ Homicide Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED the funeral ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Charles F. O'Donnell, M.D. ADDRESS(Street, city, town, or county) 23a. BURIAL, CREMATION OF 23c. NAME OF CEMETERY OR CREMATORY 0 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify): Beth - El Cemetery Stamford, Connecticut Burial 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR Funeral Home Cotonsville MA VR A15ME (5) DATE JAN 10M REV. 1/68

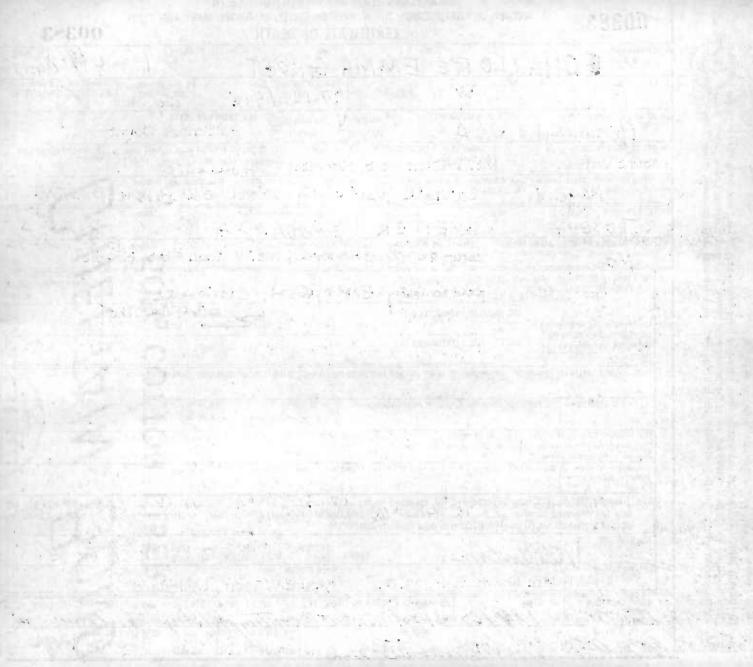
MARYLAND STATE DEPARTMENT OF HEALTH



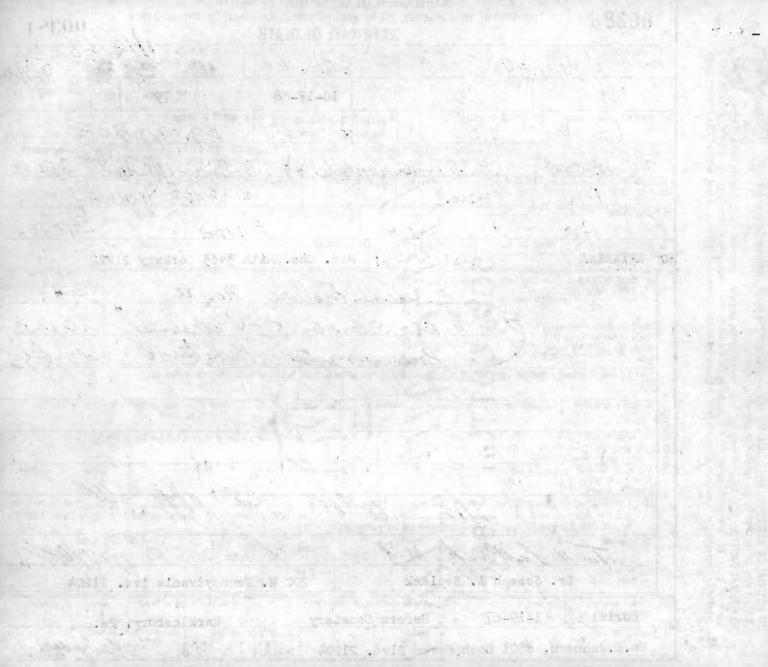
MARYLAND STATE DEPARTMENT OF HEALTH 00384 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00382CERTIFICATE OF DEATH DECEASED-NAME First Middle last 2g. DATE OF DEATH 2b. HOUR (Type or print) Day 25 Year 68 Manth 6.30A RANGES REMER 3 SEX ve corban papers. Pages Levent, within 72 hours after 4 RACE S. DATE OF BIRTH 6. AGE (In years 1F LINDER 1 YEAR IF LINGER 24 HRS requires that the death certificate be executed within 24 hours after last birthday) DAYS HOURS MONTHS FEMALE white filled in by 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) GERMAN U.S.A-WIDOWED DE DIVORCED [ ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR campletely fi give street address) during most of working life, even if retired.) INDUSTRY LATONSUI BELLEG ROUE NONE 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY BARTIMORE md. AtoNSVILLE burial, crematian, or removal, and in any 14. FATHER'S NAME Middle First Last 1S. MOTHER'S MAIDEN NAME First Middle NOT KNOWN NOT ISSENCHEREER KNOWN physicion on pleose 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, na. ar unknawn) BEHEGROUE NONE MRS. 5. ottending permit. The 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY subsidented IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave signed by the buriol-tronsit p rise to immediate cause (a), þ DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the t f Health prior to b hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES T NO Z FUNERAL DIRECTOR: After this certificote 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year be detached for Stote Dept. of H (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town Caunty State While Nat while at wark 220. I certify that (1) (this hospital) attended the deceased from GCT 25, 1966, to face 25, 1966, that (1) (we) lost saw the deceased glive on 1968, and that in (my) (eye) opinion death occurred an the date and hour and from the director, page 3 shauld should be filed with the causes stated above, (1) (we) (did) (did not) view the body after deoth 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR 1-25-68 LA DEGREE 22d. PHYSICIAN'S 22e. ADDRESS 1009 Frederick Rd., Baltimore, Md. NAME(Type) John A. Nesbitt, Jr., M.D. 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION (County) (State) REMOVAL (Specify) ITILL CEMETERY BROOKLYN 2 concrat 25g. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) DATE AN 29 1968 30M REV. 1/68 Best - md, 21228 VANAUGH



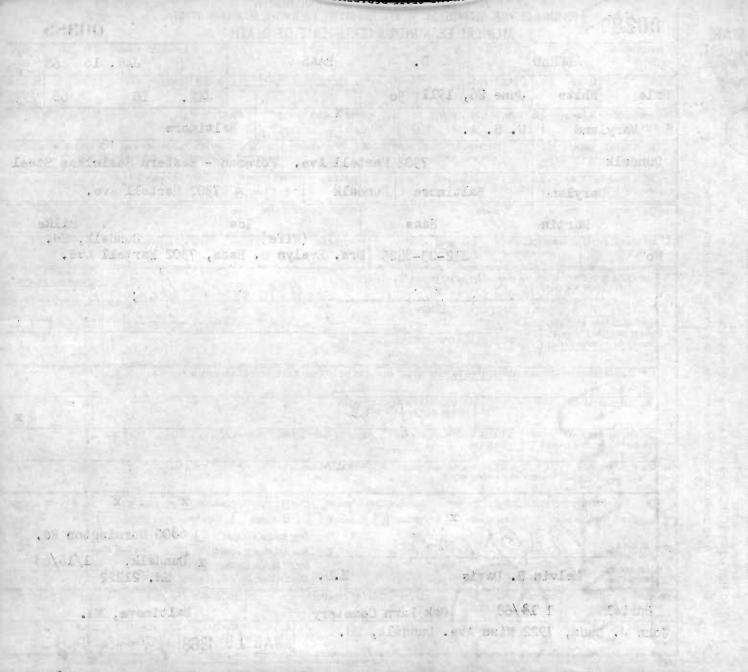
1/-		MARILAND STATE DEFARIMENT OF REALTH
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D HOSPITAL OR ATTEND Page 4 may be retained D FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the S	В	couses stoted above, (I) (we) (did) (did not) view the body after deoth.
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SPII 4 m 4ER/ Gar, Id be		NAME (Type) William Newcomer, M.D. Mount Wilson, Maryland
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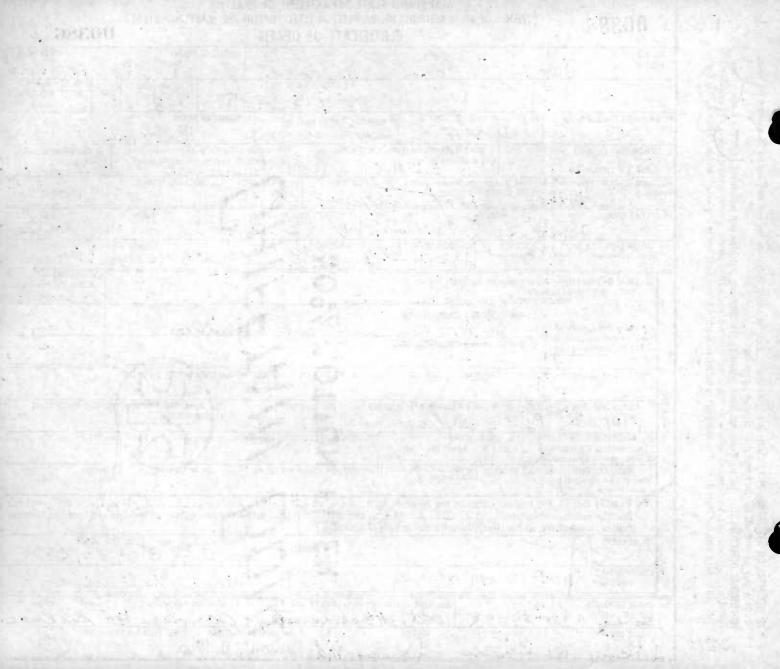
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OR De 3		JOS H JEST COLF MIJ DEGREE PHYS. DIRECTOR PHYS.	7/68
AL ay		22d. PHYSICIAN'S 22e. ADDRESS	
ER m	100	NAME (Type) Dr. Joseph A. Sedlack 200 W. Pennsylvania Ave. 2	1204
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifica Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 shauld be detached far use as the burial-transit permit. Then physhauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval,	23a	a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Ca	unty) (Stote)
o Page		REMONTATION 1-19-67 Reform Cemetery Marklesburg, Pa	
	24.	I. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA	TURE
VR A15 (4) 30M REV. 1/68		Wm. E. Johnson, 8521 Loch Reven Blvd. 21204 DATUAN 18 1968 Johnson	Joseph .
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00385 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Last 2g. DATE KNOWNIA Manth Day Yeor (Type or Print) OF ESTI-DEATH MATED ALFRED D. HAAS JAN. 16 1968 4. RACE AGE (In years 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD June 26, 1913 56 Male White 18 1968 JAN . 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Maryland U. S. A. Baltimore WIDOWED [ DIVORCED 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR the Dundalk Martell Ave. 4 shauld be farwarded to the Chief Medical Examiner's Office alang 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STAMarvland 13b. COUNTY Baltimore Dundalk 7302 Martell Ave. YES NO 2 24 hours pages land 2 in Item 1 after 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost Martin Ida Milke Haas haurs (Wife) ADDRESS Dundalk, Md. 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? pencil be executed within na, ar unknown) 212-03-8425 Mrs. Evelyn M. Haas, 7302 Martell Ave. File APPROXIMATE INTERVAL . = event within 18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c). permit. 4247 + A-S- C-V-PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave rise to immediate cause (a), certificate shauld writing the ward DUF TO, OR AS A CONSEQUENCE OF stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 SD crematian, ar remaval, CERTIFICATION used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED please execute the certificate, YES 🗍 NO DO pe 21b. TIME OF INJURY Month. Boy. Leor 21a. EXTERNAL CAUSE WAS 2]c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 3 should HOUR A.M PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f, LOCATION Street or R.F.D. No. City or Town Stote County foctory, office building, etc.) NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy . Inspection X Inquiry X, ond in my opinion Natural couses 🗷 Accident 🗍 Suicide [ death resulted from: Homicide Undetermined monner 6800 Mornington Rd. CHIEF MEDICAL FXAMINER ACTUAL 22b. DATE SIGNED the funeral SIGNATURE 1/16/68 DEPUTY MEDICAL EXAMINER X Dundalk. 5 may to FUNER Health **EXAMINER'S** Melvin B. Davis M.D. ADDRESS(Street, city, town, or county) Md. 21222 NAME (Type) 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) REMOVAL (Specify) 1/18/68 Oak Lawn Cemetery Baltimore, Md. 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE John J. Duda, 7922 Wise Ave. Dundalk, Md. VR A15ME (5) Charles 10M REV. 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00388 00386 CERTIFICATE OF DEATH 2b. HOUR 1. DECEASED-NAME First 20. DATE OF DEATH Last ofter death (Type ar print) Month arres 1.05AH 6. AGE (in years IF UNDER 24 HRS. 3. SFX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR last birthday) DAYS 85 YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) DIVORCED WIDOWED 1 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within give street oddress): during most of working life, even if retired.) INDUSTRY completely ( ₹ Surveyor event, 13d. INSIDE CITY LIMITS? 13e. SEREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 126. CITY OR TOWN 13b. COUNTY YES, X NO 🗍 burial, cremation, ar remaval, and in any 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle First Worters tames physician ( 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 222-26-259 MC HOSIN APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Conditions, if any, which gave) wem rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the O FUNERAL DIRECTOR: After this certificate has been Health priar to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO T use 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year detached for the Dept. of F P.M (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 14.25, 1967, ta saw the deceased alive an\_\_\_\_ 1/28/1968, and that in (my) (aur) apinian death accurred an the date and haur and from the director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) DATE JAIN 30 30M REV, 1/68



00389 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00387 Middle Lost DECEASED-NAME First 2o. DATE OF DEATH 2b. HOUR (Type or print) JANUARYDay 1968 8:50RW **JAMES** SAMUEL. HALL 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS MALE NEGRO 4/5/94 signed by the attending physicion ond completely filled in bly the burial-tronsit permit. Then pleose remove corbon papers. Agg buriol, cremotion, or removal, and in ony event, within 72 hours 24 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED X U.S.A. DIVORCED [ BALTIMORE COUNTY. MARYTAND

10. CITY OR TOWN OF DEATH filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR within during most of working life, even if retired.) FORT HOWARD HOSPITAL. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the deoth certificate be executed YES NO E ARUNDEL HARWOOD 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First JOHN HALL REBECCA GRAY 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no or unknown) 220 16 89 83 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND GEAT PART I. DEATH WAS CAUSED BY: BRONCHOGENIC CARCINOMA LEFT UPPER LOBE IMMEDIATE CAUSE (a) DOBCOGNOCOCNANCOMOCOMOR BRONCHOPNEUMONIA, RECENT WITH EMPYEMA, LEFT Conditions, if any, which gave) rise to immediate couse (a), NO MANAGEMENT AND CALLED CALLE stoting the underlying couse ARTERIOSCIEROTIC HEART DISEASE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) hos been se as the l director, page 3 should be detached for use as the 3hould be filed with the State Dept. of Health prior to CIRRHOSIS OF LIVER. BENIGN PROSTATIC HYPERTROPHY CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES X NO 🔲 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. Stote City or Tawn County FUNERAL DIRECTOR: After this While Nat while at wark 22a. I **certify** that \$\frac{1}{10}\$ (this haspital) attended the deceased fram 12/26/67, 19, ta 1/11/68, 19, that (tx(we) last saw the deceased alive an 1/11/68, 19, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 1/12/68 22b. SIGNATURE ATTENDING MED. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) K. KUTTY, M. V VAH FORT HOWARD, MARYLAND AHMED C. 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) LOUDEN PARK NATIONAL BALTIMORE. MD. FUNERAL DIRECTOR REECE FUNERAL HOME 25a. RECIDABY REGISTRAR 108 W. Washington St. Annapolis, Md

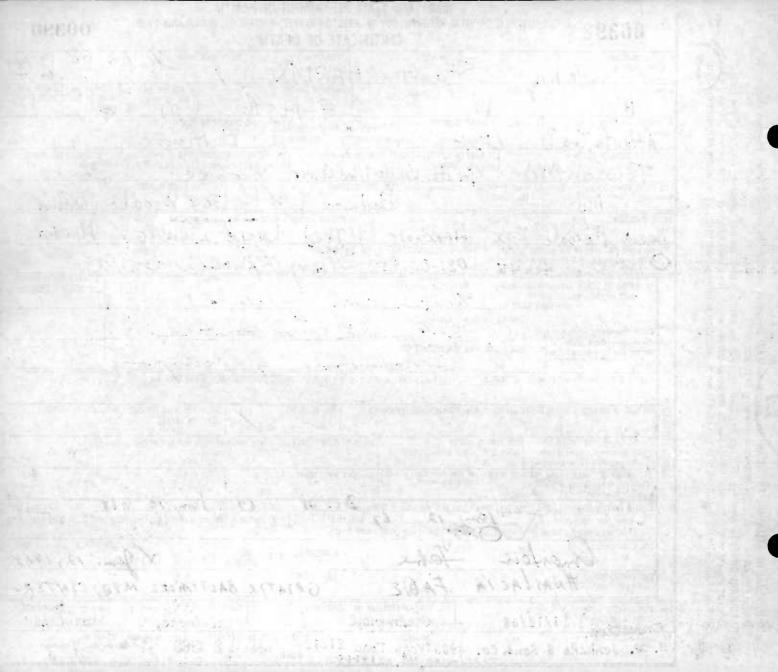
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00390 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00388 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE EALTH DEP 1. DECEASED-NAME First Middle 2a. DATE KNOWN [ Manth 2b. HOUR Day Year (Type or Print) Effie 28,068/00 C. January Hancock 0 DEATH MATED Paa 6. AGE (In years 4. RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3. 9/11/95 Female White 28 1968 215 PM 72 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH 1 and 2 with the State De in pencil in Item 18. Give Pages 1, U. S. A. Virginia Baltimore WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Office olong with during mast of working life, even if retired.) 2401 Manning Ave. INDUSTRY Edgemere 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTRAILtimore admission) STATE Edgemere 2401 Manning Ave. YES NO K after 14. FATHER'S NAME Last 1S. MOTHER'S MAIDEN NAME First Middle William Arabelle Lam Jones hours Examiner's poges 17. INFORMANT (Husband) ADDRESS Edgemere, Md. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (If yes give war or dates of service) Mr. Herbert W. Hancock, 2401 Manning Ave. None be executed within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditians, if any, which gave rise ta immediate cause (a), This certificote should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OFFERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate. YES NO K 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) WHILE NOT WHILE 22a. I certify that I took charge af the remains described above, held on Autopsy ... Inspection 3 Inquiry K and in my apinian Natural causes . Accident . Suicide death resulted from: Homicide Undetermined monner please 6800 Mornington Rd. CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE 1/28/68 DEPUTY MEDICAL EXAMINER A Dundalk 5 moy b **EXAMINER'S** ADDRESS(Street, city, tawn, ar county) Md. NAME (Type) Melvin B. Davis M.D. 21222 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) Burial (Specify) 1/31/68 Dorsey, Md. Meadowridge Memorial Park ADDRESS 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE John J. Duda, 7922 Wise Ave. Dundalk, Md. Clearley Judge VR A15ME (5) 10M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00392 00390 CERTIFICATE OF DEATH 1. DECEASED-NAME 2a. DATE OF DEATH death. requires that the death certificate be executed within 24 hours after death. (Type or print) the funera 4. RACE 6. AGE (In years 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) MONTHS HOURS 7o. BIRTHPLACE Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED campletely filled in burial-transit permit. Then please remave carban papers. burial, crematian, ar remaval, and in any event, within 72 h WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street address) during mast af working life, even if retired.) STOCKS 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY admission) STATE 14: FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME - Sime AROIN physician ( 16b. SOCIAL SECURITY NO WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no. ar unknown) (If yes give war or dates of service) 081-03-957 the attending p APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSPOUENCE OF Conditions, if ony, which gove) signed by the burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN HART 1(0) directar, page 3 shauld be detached far use as the Should be filed with the State Dept. af Health priar ta O FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ be retained by the haspital or 21a. ACCIDENT WAS UNDERLYING TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. State City or Town County While Not while 220. I certify that (1) (this hospital) attended the deceased from \$20. 28 , 1967, to 10m, 10m. 12 1967, and that in (my) (our) opinian death accurred an the date and hour and from the saw the deceased alive on\_\_\_\_ causes stated above, (I) (we) (did) (we) view the body ofter death. 22b. SIGNATURE ATTENDING DEGREE DIRECTOR PHYS. PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) BALTIMORE MED, CENTER GREATER 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) (Stote) REMOVAL (Specify) 1/12/68 Greenmount Baltimore 24. FUNERAL DIRECTOR **ADDRESS** 4905 York Road 8 Sons 30M REV. 4/68 more Md xxxxxvx

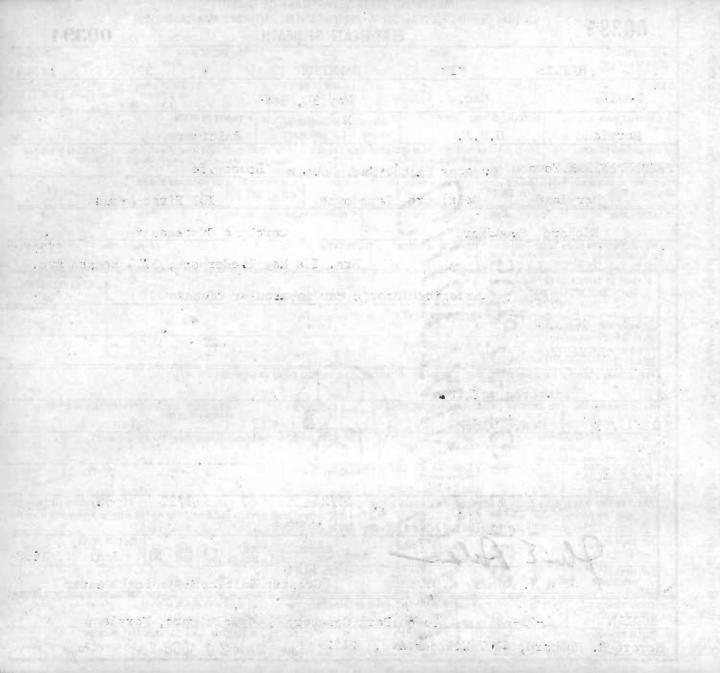


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00394 CERTIFICATE OF DEATH 00392 DECEASED-NAME Middle Last 2g. DATE OF DEATH First 2b. HOUR death by the funeral Pages 1 and (Type or print) Yeor 68 dea Mami.e Harmeyer ourial-transit permit. Then please remave carban papers. Pages 1 burial, cremation, ar remaval, and in any event, within 72 haurs after 3. SEX 4. RACE 6. AGE (In years IF UNCER 1 YEAR requires that the death certificate be executed within 24 hours after S. DATE OF BIRTH IF UNDER 24 HRS. last birthday) DAYS MONTHS Nov.22.1889 Female White 78 YRS. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland attending physician and campletely filled in permit. Then please remave carban papers. U.S.A. WIDOWED | DIVORCED [ Baltimore 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
13 East Overlea Ave during most of working life, even if retired.)
Housewife INDUSTRY Overlea 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY NO T YES Baltimore Overlea East Overlea Ave 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Lost Adam Sponheimer Barbara Flick 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, of unknown) Mr Clarence Harmever APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF signed by Page 4 may be retained by the haspital or attending physician. stoting the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) of Health prior to ar use as the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO V FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enfer nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M detached director, page 3 should be detache should be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while at work 22a. I certify that (I) (this hospital) attended the deceased fram 1975 saw the deceased alive an 11-24-6719 \_, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Peake M.D 23o. BURIAL, CREMATION 23h DATE 23c. NAME OF CEMETERY OR CREMATORY (OCATION (City or Town) (State) (County) REMOVAL (Specify) Gardens Of Faith Baltimore 0 1/17/68 Maryland FUNERAL DIRECTOR 30M REV. 1/68 Leonard J Ruck Inc 5305 Harford Rd DATE

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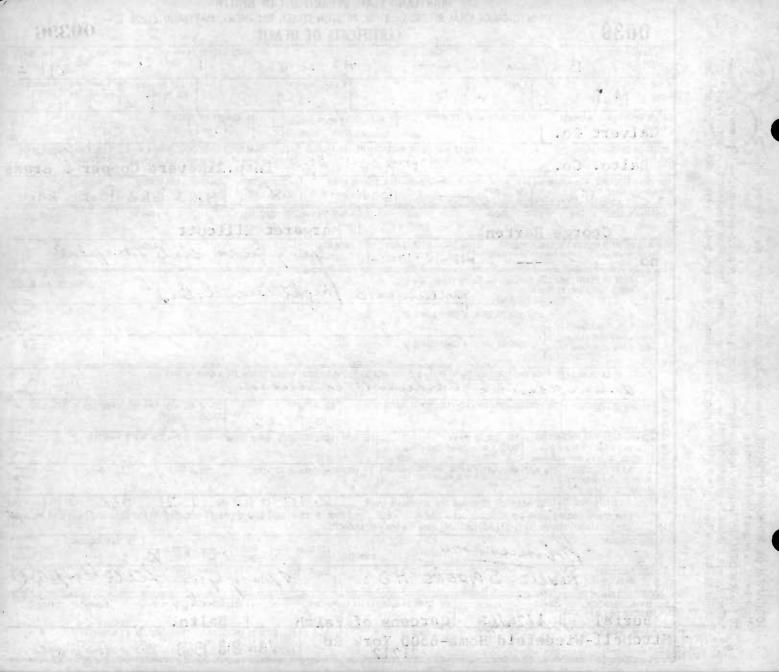


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00396 00395 CERTIFICATE OF DEATH 1. DECEASED-NAME First Lost 20. DATE OF DEATH (Type or print) MAY HARRI SON Month 1 Doy 9 IDA 3. SEX 4. RACE IF UNDER 24 HRS. 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR White January 31, 1869. Female 24 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland Baltimore the attending physician and campletely filled in sit permit. Then please remave carbon papers. USA WIDOWED DO DIVORCED | burial, crematian, ar remaval, and in any event, within 72 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street address 2620 Canterbury Rd during most of working life, even if retired.) INDUSTRY Baltimore 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 2620 Canterbury Road 13d. INSIDE CITY LIMITS? 13b. COUNTY Balto. admission) STATE Md. Balto. 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Last William Margaret Engle Cooper 16b. SOCIAL SECURITY, NO. 220-48-3640 J1 Mrs. Charles Daughaday 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Same) Yes, negor unknown) (If yes give war or dates of service) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH signed by the attendir burial-transit permit. Hemiplegia 10 Days DUE TO, OR AS A CONSEQUENCE OF Arteriosclerosis Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-tran affould be filed with the State Dept. af Health priar ta burial, crer stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the b f Health priar tab 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO I 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) HOUR A.M. Manth Day Year P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Ng. City or Town County State While Nat while at work 22c. DATE SIGNED 1/9/68. 22b. SIGNATURE ATTENDING PHYS. MED.
DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN'S R. Donald Jandorf M.D. NAME (Type) 6077 Harford Road 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) 23g. BURIAL, CREMATION, 1/12/68. Oaklawn Cemetery REMOVAL (Specify) Baltimore, Md. 24. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto.Md. 21214 25g. REC'D BY REGISTRAR 3 SIGNATUR

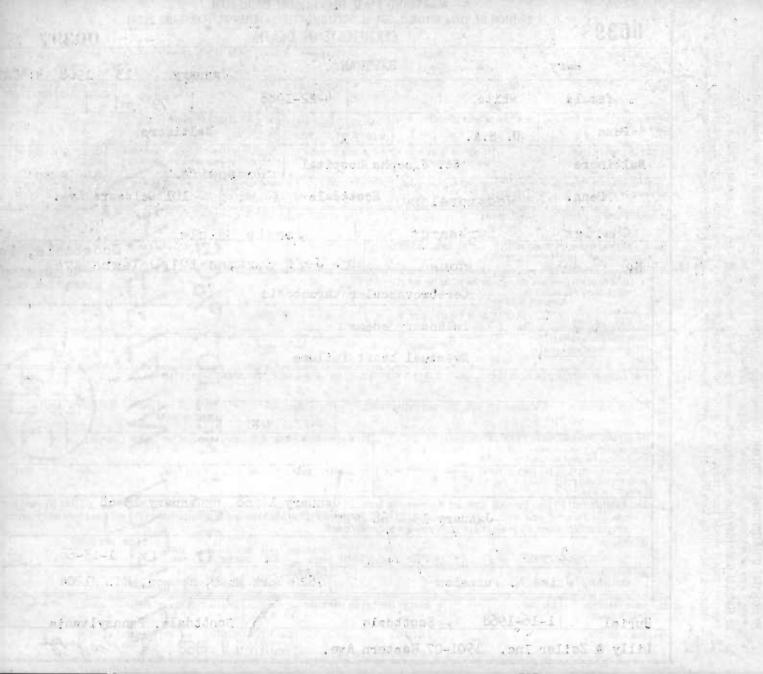
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00396 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH death. 2b. HOUR (Type or print) Month Benjamin HARTEN 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthday) White Male 1889 MONTHS DAYS 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Calvert Co. Bultimoro U.S. WIDOWED [ DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done remove carbon pd 12b. KIND OF BUSINESS OR The law requires that the death certificate be executed within State during most of working life, even if retired.) INDUSTRY INSP. RIREVERE COpper & Brass buriol, crematian, or removal, ond in ony event, witl Balto. Co. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Bultimore Md YES 🔀 Glen 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Last Middle Last Margaret Ellicott George Harten 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. Yes, no, or unknown) (If yes give war or dates af service) 215-10-0708A APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Dreumonia IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gove ) buriol-tronsit rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retoined by the hospital or ottending physicion. O FUNERAL DIRECTOR: After this certificate hos been signed by stating the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Cardio Maxoulas direche as the of Health prior to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO X for use 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Doy Yeor (If either, natify medical examiner) detached director, page 3 should be detache should be filed with the State Dept. 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY. ) 21f. LOCATION Street ar R.F.D. Na. 21e. PLACE OF INJURY City or Town County State While Nat while causes stated obove, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S SMEETS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) 0 Gardens of Faith 2Sb. REGISTRAR'S SIGNATURE edefeld Home-6500 2So. REC'D BY REGISTRAR York Rd 30M REV. 168 DATE JAN



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00333 CERTIFICATE OF DEATH 00395 DECFASED-NAME Middle Lost 2a. DATE OF DEATH First 2b. HOUR and law requires that the death certificate be executed within 24 hours after death death HARTMAN the ottending physicion ond completely filled in by the funeral sit permit. Then please remove corbon popers. Pages I and (Type or print) E Month Mary January popers. Pages I IF UNDER 1 YEAR SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years DAYS HOURS 4-22-198 female white 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Penn Baltimore U. S.A. WIDOWED Y DIVORCED 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR during mast of warking life, even if retired.) give stree Steldress Josephs Hospital INDUSTRY Baltimore at home Housewife 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before L3E CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATEPenn. 101 Delaware Ave. Scottdale YES NO [ 14 FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Lost Lost Charles Burkhardt Jessie Balsley Address Scottdale, Pa 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or unknown) Mr. Jeff Hartman 101 Delawre Ave none 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

Cerebrovas BETWEEN DNSET AND DEATH Cerebrovascular thrombosis DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Pulmonary edema Conditions, if ony, which gave ) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Eventual heart failure PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) by the hospital or ottending **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO K Heolth 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram January 11968, to January 13968, that (I) (we) last saw the deceased alive an January 13 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the body after death. be retained 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF 1-13-68 director, poge 3 should be filed v DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S Jaime M. Punzalon York Road, Towson, Md. 21204 NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23o. BURIAL, CREMATION REMOVAL (Specify) 1-16-1968 Scottdale Scottdale. Pennsylvania 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. VR A15 (4) 19 DATEJAN 1968 Lilly & Zeiler Inc. 1901-07 Eastern Ave. 30M REV. 1/68



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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## MEDICAL EYAMINED'S CEDTIFICATE OF DEATH

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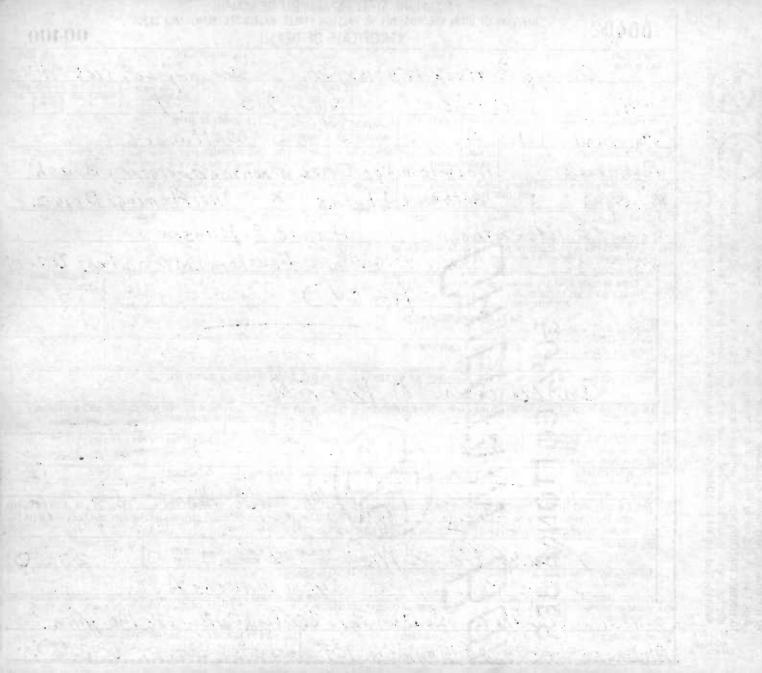
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者の見	1=	-	D. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
E B B	ment	-	write RURAL and give nearest town)
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Gio	<b>#</b>	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER-MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
18 o	2 w		M WIDOWED DIVORCED X 3/27/21 (Igst birthday) Months Doys Hours Min.
em em	ond 2		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT
14 T	ter 1	dur	most of working life, even if retired) INDUSTRY DELAWARE COUNTRY? USA
n 2	of	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
within of pencil i	-transit permit. File pages 1 ond 2 w event within 72 hours ofter deoth.		WILLIAM HARVEY ELLA KARSLEY
	. Fi		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 7 17. INFORMANT Address IV. Beach
ng" dica	permit.	(76	s, no, or unknown) (It yes give wor or dotes of service) un known Brother. Herbort Horrer Del.
hould be executed word "pending" if the Chief Medical	with		/18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
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e sl			rise to immediate couse (o).
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rtifi ritir			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY
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Sho es	3 strion from	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 1) 20f. (City or town) (State)
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EX cut-	75 803		21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my opinion
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ISe ecto	etained DIRECT r to bur		CHIEF MEDICAL EXAMINER 1/26/6,
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O DEPUTY necessary, the funero	may be retained for your FUNERAL DIRECTOR: Page softh prior to buriol, cremo		NAME (Type) Lames N, Kradevick Address (Street, city, town, or county) Rate was
o De nece	5 may ro Fune Heoith	230	BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
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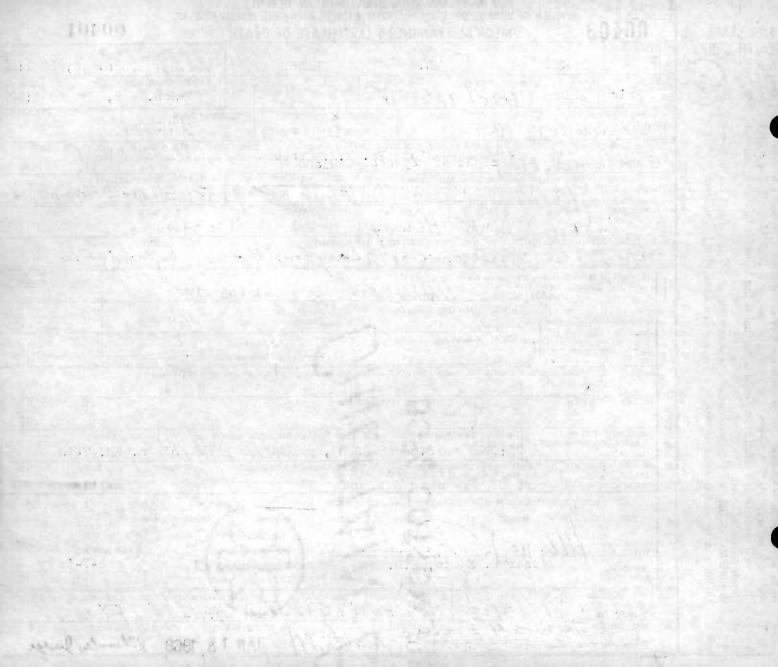
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		LAND STATE DEPARTMENT OF		
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		CERTIFICATE OF DEATI		00400
1. DECEASED-NAME (Type or print)	First Middle	Last	20. DATE OF DEATH  Manth Day	2b. HOUR
Cyt	orge F. Heck A	THORN, Sr.	January 251	1968 7.30gh
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last, birthday)	MONTHS DAYS HOURS MIN
7/19/8	White	July 8, 18		
7o. BIRTHPLACE (Stote ar fore cauntry)	gn 7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Baltimore	
ID. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL		JSUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
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14. FATHER'S NAME First	Middle Lo	ost 15. MOTHER'S MAIDEN NAM	NE First Middle	Lost
Gerrock.	Heckathorn	Annie	F-HUDSON	
160. WAS DECEASED EVER IN I	17 7	1 1	Address	. 70
W D	yes give wor or dates at service) 2/4-c/-	4049 Amos Heer	ethorn 11011-lam	1 APPROXIMATE INTERVAL
18. CAUSE OF DEATH (I	nter only one couse per line for (o), (b), ar	110 KD		BETWEEN ONSET AND DEATH
PARI I. DEATH WAS	MMEDIATE CAUSE (a)	1900		7
Goodings if any which	DUE TO, OR AS A CONSEQUENCE	E OF		
Conditions, if ony, which	e (a), (b)	7.00	-	
stoting the underlying last.	DUE TO, OR AS A CONSEQUENCE	E OF		
	ANT CONDITIONS CONTRIBUTING TO DEATH E	UT NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(g)	<del>- \                                   </del>
(V)	viousorna	on Prostall		
190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION W	AS PERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
190. DATE OF OPERATION		YES NO	CAUSES OF DEATH?	
		Year 21c. HOW INJURY OCCURRED (I	Enter nature of injury in Port 1 or Port 2,	Item 18.)
(If either, natify medical	exominer) P.M.	19		
21d. INJURY OCCURRED While Not while	21e. PLACE OF INJURY (AT HOME, FARM, STR	21f. LOCATION Street or R.F.D.	Na. City or Town	County State
While Nat while at wark at wark	(I) (Ahi- hnia-1)    Ali	and the last	9 60 to an x 19	6 9 that (1) (
saw the dece	(I) (this haspital) attended the de-	196 7, and that in (my) (out)	apinian death accurred an the da	6 X, that (I) (we) last te and haur and from the
causes stated	abave, (I) (we) (did) (did not) view	the bady after death.	-p	und have allo italii ii
22b. SIGNATURE	311000	ATTENDING F	MED. STAFF C	DATE SIGNED
and numericanis	care your	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	1-2760
22d. PHYSICIAN'S NAME (Type)	Encl Pass	22e. ADDRESS 4001 U	Vilkens Ave.	
230. BURIAL, CREMATION,	7 9 1 1 9 2 2	E OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
REMOVAL (Specify)	1/27/68 200	idon Park Cemete	13.14 M	aryland
24. FUNERAL DIRECTOR	ADI	DRESS 2Sa. REC	'D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
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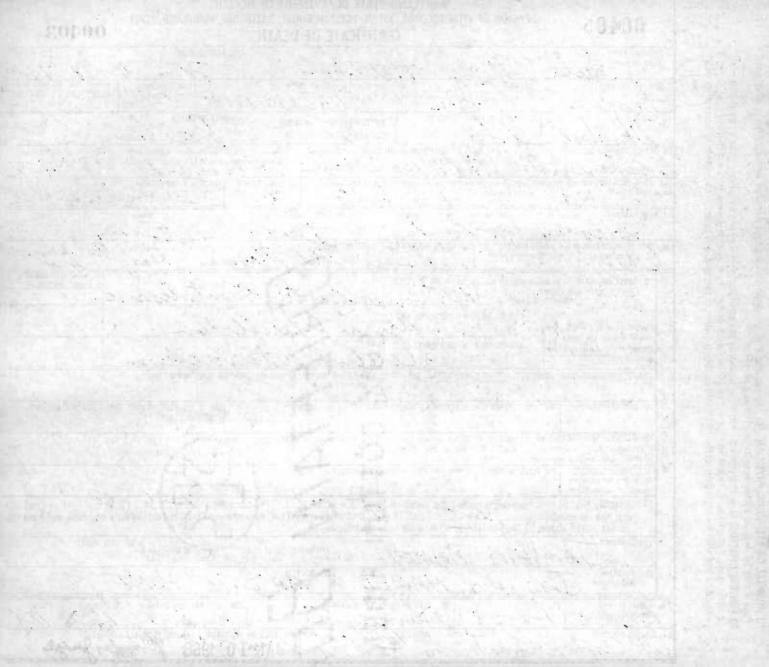


A 1		IIt	ems 18-22a film 26-68 mt DIVISION OF	397 MAKYLAND STAT F VITAL RECORDS, 301 W. I			AND 21201			
FOR S	TATE	1	00403	MEDICAL EXAMINE				004	01	
HEALTH	-1-25/13		ECEASED-NAME First Type or Print)	Middle	Last			Month Day	Yeor	2b. HOUR
is ta	4		LEE	L.	HENR		OF ESTI- DEATH MATED	Jan.	6,1968	1:00
ny delay is 2, and 3 ta PM3. Page	Departmen	3. 5	Male White 5.		GE (In years IF UNDER I YEAR thirthday) MONTHS DAYS YRS.	IF UNDER 24 HRS. HOURS MIN.	2c. DATE PRONOUNCED DI Month Jan. Do			2d. HOURP 1:00M
-, E		7o.		ITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARE WIDOWED DIVOR	RIED 9. COUN	HTY OF DEATH BALTIMO	RE		Md.
death Page with f	the State	10.	TITY OR TOWN OF DEATH  Takland M	11. NAME OF HOSPITAL OR II	NSTITUTION (If not in hospital Par Brand Tra	12a. USUAL OCC	UPATION (Kind of work working life, even if reti	dane 12b. red.) INDU	KIND OF BUSIN	
haurs after death Item 18. Give Pages 1, Office alang with farm	with leath.		USUAL RESIDENCE (Where deceosed lividinissian) STATE	ved, if institution: Residence before 3b. COUNTY Volusia	e 13 CITY OR TOWN 13d.		13e. STREET AND NUMBER	Vew F	fames s	shipe
I haurs Item 1 Office	1 and 2 after	14.	FIRST NAME FIRST	Middle Last	IS. MOTHER'S MAIDI	EN NAME First	nknow		Last	
within 24 haurs after death pencil in Item 18. Give Pages caminer's Office alang with far	pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCE es, na, or unknown) (If yes, give war or or		NO. 17. INFORMANT	ed F. Ha	ADDRESS me. Dela	ud. t	=/0	
INER: This certificate shauld be executed within 24 haurs in certificate, writing the ward "pending" in pencil in Item 1 shauld be farwarded to the Chief Medical Examiner's Office	ourial-transit permit. File in any event within 72		18. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY:  IMMEDIATE CA	e cause per line for (a), (b), and (c)	) {/ Craniocere				APPROXIMATE IN BETWEEN ONSET AI	NTERVAL NO OEATH
shauld be e ward "pe the Chief	burial-transit I in any ever		Canditians, if any, which gave rise to immediate couse (o), stating the underlying couse last.	(b)	F					
ficate iing th rded to	and	Z	PART 2. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT	T RELATED TO THE TERMINAL DIS	SEASE OR CONDITION	N GIVEN IN PART 1(a)			
is certi te, wrii farwa	id be used as ar remaval,	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WAS PERFORMED					20. AUTOPSY?	NO 🗆
ER: This ertificate, auld be fa	tiles. 3 shauld b atian, ar	MEDICAL CER	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Yeo 1:00pm Jan. 619			of injury in Post 1 or Pos			
(AMINI e the c e 4 sho	yaur tiles. Page 3 shai crematian			OF INJURY (At hame, form, street, office building, etc.) a Long to five building of way near	Pa 21f. LOCATION Street or		City or Town		imore	State
SICAL EXAMINER: This please execute the certificate, director. Page 4 shauld be fa	be retained far yaur RAL DIRECTOR: Page priar ta burial, crem		22a. I certify that I taak	charge of the remains describ	ed abave, held an <u>Autap</u>	sy 🔀, Insp Hamicide 🔲,	oectian, Inqui	iry 🔲,	and in my	opinion
JTY, Iry, era	5 may be retained far yaur tiles.  5 FUNERAL DIRECTOR: Page 3 shau! Health priar ta burial, crematian,		ACTUAL SIGNATURE WE'N WE'N MAME (Type)	er U. Spitz, M.1	D. ASSIS	E MEDICAL EXAMINER TANT MEDICAL EXAMIN TY MEDICAL EXAMIN RESS(Street, city, tow	AINER 🔀 221 IER 🗌	DATE SIGNE	7-68	
To the	<b>6</b> He	230	BURIAL (REMATION, REMOVAL (Specify)  SUR (O FUNERAL DIRECTOR	. / 1/ \ \ /	CEMETERY OR CREMATORY	4	LOCATION (City or Town)  Acland ISTRAR 25b. REGIS	F/COURTER SIGNA	7 .	ote)
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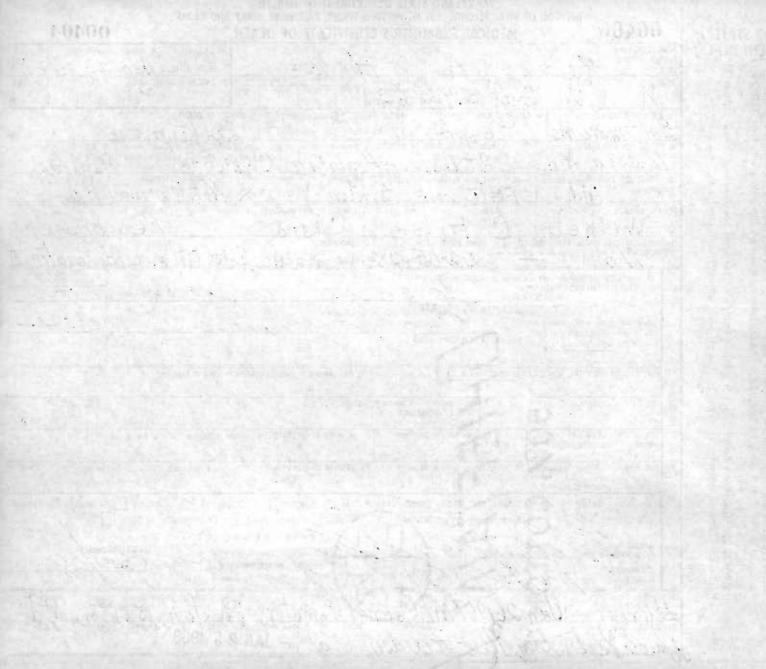


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7	V		Ite	m 13e Film G3	DIVISION OF VITAL RECORDS,				CYLAND 2120	0040	0
	-/					EKIIFICA	TE OF DEATH			0040	
Æ.	42±			CEASED-NAME First	EL Middle		Lost	2o. DATE OF	DEATH Month	Dov Year	2b. HOUR
- P	\$ 5 m			U-S	TE -CKENCO	<i>U</i> .	HESS		UAW	4 196	E ZAM
affer			3. SE	FEMALE	A. RACE WHITE	S.	DATE OF BIRTH	1884	6. AGE (In years last birthday)	YRS. IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
24 Hour	in by ers. P		70. B	RTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED   DIVORCED	9. COUNTY OF	DEATH	ote	Md.
within 2.	S unit	0		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not i		SUAL OCCUPATION most of working			BUSINESS OR
	cochon ent, with				sed lived, if institution: Residence before	13c. CITY OR TO	WN 13d. INSIDE CIT	Y LIMITS? 13e. ST	REET AND NUMBER	205 Beaum	ont. Ave.
cute	ompet ve cor event,	13	odmi	sion) STATE	13b. COUNTY a Plan	JEANGE	THE PH- YES		27417/4	HARLAGE	1441
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The low requires that the death certificate be executed	physicion ond completely fille en pleose remove cochon pd ovol, and in ony event, within		160. Ye	WAS DECEASED EVER IN U.S. AR	MED FORCES? wor or dates of service)  16b. SOCIAL SECURITY N 175-0 3-97	10. 17. INFO	ORMANT.	- Vun	Addres	is .	
cert	ling phys Then premovel,			18. CAUSE OF DEATH (Enter o	nly one couse per line for (o), (b), and (c).	)			1		MATE INTERVAL NSET AND DEATH
# t	the attending principles that the motion, or remo	70		PART I. DEATH WAS CAUSI	nly one couse per line for (o), (b), ond (c). ED BY: IATE CAUSE (o)	Bus-7	Joseph L.	m. Ales	oules	1	d.
de	attendi permit. on, or r		П	431.9	DUE TO, OR AS A CONSEQUENCE OF		1				
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that	physician. signed by the buriol-tronsit buriol, cremot			rise to immediate cause (a), stating the underlying cause	DUE TO OR AC A CONCEQUENCE OF						
Les .	physician. signed by buriol-troi buriol, cre			last.	(c)						
inba	physicic signed buriol-tr buriol, c			PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO T	HE TERMINAL DISEASE O	R CONDITION GIVE	N IN PART 1(o)		
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0	ottending has been se as the th prior to	V	CERTIFICATION	190. DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS PE	RFORMED	20o. AUTOPSY?	CALISES	YES, WERE FINDING OF DEATH?	IGS CONSIDERED IN CE	RTIFYING
Ę	al or oth icate ha for use Health	1	RTIF			Tax view	YES NO				
Ä	al or icate for us			210. ACCIDENT WAS UNDERLYI		21c. HOW	INJURY OCCURRED (Er	nter noture of inju	ry in Port 1 or Po	rt 2, Item 18.)	
25	spitch errificed to for the contract of the co		MEDICAL	(If either, notify medical exam	iner) P.M. 19						5
PHYSICI	he hospital or ottending this certificate has been letached for use as the e Dept. of Health prior to			21d. INJURY OCCURRED 21e While Not while of work	B. PLACE OF INJURY ( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	21t. LOCA	TION Street or R.F.D.	No. City	or Town	County	Stote
N.	by t fter be Stat			22a. I certify that (I) (t	his haspital) attended the decease	ed fram	Dec . 19	, ta	you	, 19 <u>68</u> , that	(I) (we) last
ATTENDIN	R: A ould the			causes stated above	alive on 3 2000 1 re, (I) (we) (did) (did nat) view the	body after de	hat in (my) (aur) o ath.	pinian death t	oceurrea an th	e date and haur	and fram the
OR AT	- Wm >			22b. SIGNATURE	Zomeline M	DEGREE	ATTENDING PHYS	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED	10
	AL DIR poge e filed			22d. PHYSICIAN'S	B accept	· Mes	22e. ADDRESS	DIRECTOR -	PHIS.	ni	30 %
HOSPITAL	VERA VERA Ior, F	1		NAME (Type)	LIAM SUBJIMA	-17,1119	13340	rectiful.	Smil	M	W)
9	Poge 4 moy O FUNERAL director, pog should be fi		230.	BURIAL, CREMATION, 23b. REMOVAL (Specify)	DAJE OF BURIAL 23C. NAME OF	CEMETERY OR CR	EMATORY HEART		ON (City or Town) NETTE	PENN	
2			24.	FUNERAL DIRECTOR	ADDRESS	NED		D BY REGISTRAR		RAR'S SIGNATURE	dado
	VR A15 (4) 30M REV. 1/	68	6	aston Hun	etal Home CATO	DNSVIL	LE DATE JA	N 8 19	108	ares from	0

			1	MARTLAND STATE DEPARTMENT OF HEALTH	
2	_ /-		114.3	00405 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00400
0			4	CERTIFICATE OF DEATH	00403
	÷ ~			ECEASED-NAME OF Sirst Middle / Lost 20. DATE OF DEATH	2b. HOUR
	after death	1	(1	Type or print) Tille Month Day	Year 7.30AM
	P IN T	T	3. SE	The second secon	UNDER 1 YEAR   IF UNDER 24 HRS.
	the f	= /	3. 3	I lost hirthday Mo	ONTHS DAYS HOURS MIN.
	y the Pages urs afft	,	-	Temple Jen. March 16, 1884 83" YRS.	
	haur S. P		/a.	BURTHRIACE (Stote or foreign 7b. CITYEEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	d ir per 72			Meryland USA WIDOWED DIVORCED DIVORCED DIVORCED	oce Md.
	filled pape	012	10.		12b. KIND OF BUSINESS OR INDUSTRY_/
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death are retained by the haspital ar attending physician.  NIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral e. 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages L and is a with the State Dept. of Health priar ta burial, cremation, or removal, and in any event, within 72 haurs after depth.	70	0	ockerville Waskin Ame Touse wife	4 me
	d v d v lete lete arb			USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, LITY OBJOWN 13d, INSIDE CITY LIMITS? 13e, STREET AND NUMBER	1
	mp /e /e	30	odm	ission) STATE Md. 13b. COUNTY Bulls YES NO 3411 Rosel	aun Ave
	xec nd co	4	14.	FATHER'S NAME First Middle 2 Lost IS. MOTHER'S MATTER NAME First Middle	Lost
	physician.  physician.  signed by the attending physician and co burial-transit permit. Then please rema burial, crematian, or removal, and in any	- '		Fremes Holland Fannie Iner	1100
	ertificate be physician a nen please noval, and in		160	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT. Address	7
	ical /sici		)	yes, no or upknown) (If yes give war or dates of service) 2/220620/ Md Masmes Amy	orpayoull
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	he death certific attending phys permit. Then p ian, or removal,			1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY:	BETWEEN ONSET AND OFATH
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	affe an,			DUE TO, OR AS A CONSEQUENCE OF 1 27 1 1	
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	hys hys gne urio			PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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	aw din th art		CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONS	SIDERED IN CERTIFYING
	ther there as last last last last last last last l	2	A P	YES NO TO CAUSES OF DEATH?	NOCKED IN CERTIFIC
	AN: The at		ERTII		- 10 \
	AAN Cat Gar Hee			CONTRIBUTING CLAUSE OF OFATH HOUR A.M. Month Day Year	n 18.)
	of difficulty of		MEDICAL	(If either, notify medical examiner) P.M. 19	
	HY has s ce		2	21d. INJURY OCCURRED  Value Of INJURY (AT HOME, FARM, STRFET, FACTORY.)	County Stote
	s PHYSIC the haspit this certi detached e Dept. of			at work of work	10
	IN 197			22a. I certify that (1) (this haspitet) attended the deceased from Tyut, 1960, ta 6, 196	o, that (I) (we) last
	ND ND P			saw the deceased alive an 1968, and that in (my) (aur) apinian death accurred an the date	and haur and fram the
	OR din			causes stated abave, (I) (we) (did) ( <del>did not</del> ) view the bady after death.	- 0.011-0
	retret ECI With			ATTENDING - MED - STAFF	TE SIGNED ,
	De pe				
	AL AL	1		22d. PHYSICIAN'S NAME (Type) TO A CILIS HAME) 22e. ADDRESS MAKE (Type)	•
	SPI 4 m 4 m 4 m d b	- 1		JAMSAID MILLON MINISTER TO THE	
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transplanted be filed with the State Dept. of Health priar ta burial, creases	0	230.	BUDIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
	5 5 5 E	M		Stared 1-8-68 Tarkword Parkulle	Follo. MA
	VR ATE	1	24,	FUNERAL DIRECTOR  ADDRESS O ST GOOD   250. REC'D BY REGISTRAR   25b. REGISTRAR'S SIG	NATURE
	30M REV.	1/68	6	Mr Cook Brooks Kwson Town my DAWAN 10 1968 fcharles	A June 1
			_		



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT. DECEASED-NAME First Middle 20. DATE KNOWNIZE (Type or Print) OF ESTI-DEATH MATED 40 IF UNDER 24 HRS. 3. SEX DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR Month Dov Yeor 6 XXRS Depart 7o. BIRTHPLACE (State or foreign 176 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office alang with farm WIDOWED [ DIVORCED [ the State 10. CITY OR TOWN OF DEATH HOSPITAL OR INSTITUTION (If not in hospital, 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during thost of working life, even if retired.) **INDUSTRY** Item 18. Give death. odmission) STATE YES T land 2 after 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME lost he certificate, writing the ward "pending" in pencil in shauld be farwarded to the Chief Medical Examiner's pencil INFORMANT (Yes, no, or upknown) (If yes give war or dates of service) within APPROXIMATE INJERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c). be executed PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a). writing the ward any shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ guq certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) remayal, CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES | 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK far 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection -Inquiry ond in my opinian director. death resulted from: retained Natural causes Accident Suicide Hamicide Undetermined manner ACTUAL 22b. DATE SIGNED funeral FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Health NAME (Type) ADDRESS(Street, city, town, or county) 50 FLINERAL DIRPCTO VR A15ME (5) 10M REV. 1/68



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= 元素人		CEASED-NAME First	Middle	14	Lost	2o. DATE OF		Veor	2b. HOUR
funerol funerol		OH IME			OLLAND		JAN 15	1968	8.35 M
the fu	.3. S	WALE	4. RACE WHITE	S	DATE OF BIRTH	05	6. AGE (In years last birthday) YRS.		HOURS MIN.
Hours 12 Hours	7o. cou	BIRTHPLACE (State or foreign 7)	/	MARRIED /	I NEVER MARKIEUT	9. <b>county of</b> Baltim	DEATH ore Count	ty	Md.
vithin 2 ly fille on pap within		ount Wilson	11. NAME OF HOSPITAL OR INSTITU Mount Wilson S	TION (If not	in hospital 120. USUAl during mo	L OCCUPATION est of working	(Kind of work done life, even if retired.)	12b. KIND OF B INDUSTRY	USINESS OR
completely filled nove carbon paper by event, within 7	13o. odm	USUAL RESIDENCE (Where deceosed ssion) STATE MD.	lived, if institution: Residence before 13 13b. COUNTY CARROLL	CITY OR T	OWN 13d, INSIDE CITY LIA	MITS? 13e. STI	REET AND NUMBER	ive Home	R++I
be exected and control in only	14.	ATHER'S NAME First FREDERICK	Middle Lost HOLLAND	15.	MOTHER'S MAIDEN NAME FI		Middle Ellen Phi	illips	Lost
requires that the death certificate be executed within 24 hours after death a physicion.  I signed by the ottending physicion and completely filled in the the funeral burial-transit permit. Then please remove carbon papers. Pages Land a burial, cremation, or removal, and in any event, within 72 hours after death.	160	WAS DECEASED EVER IN U.S. ARME es, no, or unknown) (If yes give wor	D FORCES? or dates of service)  16b. SOCIAL SECURITY NO. 213-16-605		ormanimes Lou-	ise Wei	the state of the state of	3232 E.	Joppa F
oth ceri nding p if. Then		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATION	one couse per line for (o), (b), ond (c).)	21/	EMPHYSE	MA			ATE INTERVAL SET ANO DEATH
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	_	PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO	THE TERMINAL DISEASE OR CO	ONDITION GIVE	IN PART 1(o)		
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ICIAN: 1 pital or rtificate d for us of Healt	ਤ	21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	HOUR A.M. Month Doy Year	21c. HOV	/ INJURY OCCURRED (Enter	noture of injur	y in Port 1 or Port 2,	Item 18.)	
DING PHYSICIAL I by the hospital After this certifical be detached for State Dept. of He	MEDI	21d. INJURY OCCURRED 21e. P While Not while of work	LACE OF INJURY ( AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.	) 21f. LOC	ATION Street or R.F.D. No.	City	or Town	County	Stote
	5	22a. I certify that (1) (this saw the deceased ali	haspital) attended the deceased we on	fram '&_, ond ly ofter de	7 — 9 , 19 1 thot in (my) (our) opir ath.	ブー, to <u>/</u> nion deoth o	ccurred on the do	6P, that one one one	(I) (we) last nd from the
D HOSPITAL OR ATTENE Ogge 4 moy be retained FUNEAL DIRECTOR: A director, page 3 should should be filed with the		22b. SIGNATURE MASS	vermen	DEGREE	PHYS.	ED. RECTOR	STAFF PHYS.   22c.	DATE SIGNED	
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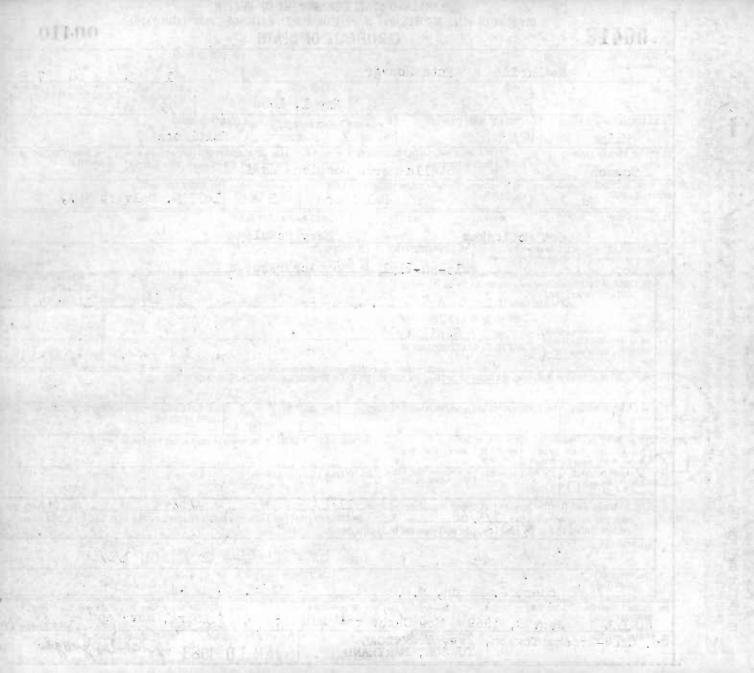
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212010408 00410 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b HOUR 1 Month after death (Type or print) Year Alice Sheridan Hoop 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS 6. AGE (In years last birthday) OAYS HOURS MONTHS 11/18/83 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Mt. Savage, Md WIDOWED T DIVORCED | USA Baltimore PHYSICIAN: The law requires that the death certificate be executed within 24 please remove carbon pa 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Nurse-Registred give street address Maris Hospice INDUSTRY ž. Towson Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before/ 13c. CITY OR TOWN 13e. STREET AND NUMBER admission) STATEMO 13b. COUNTY Baltimore NO T 404 Bretton Place and in any 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle John Sheridan Margaret Callaghan 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes no ar unknawn) (If yes give war or dates of service) ar removal, Hospice records APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) burial-transit cremat rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION CAUSES OF DEATH? NO K YES 🗍 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased fram 11/15/67, 19, to 1/29/68, 19, sow the deceased olive on 1/20/00, 19, and that in (my) (our) opinion death occurred on the data ond that in (my) (our) opinion death occurred on the date and hour and from the O HOSPITAL OR ATTEND Page 4 may be retained causes stoted abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR 1/29/68 K DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS Robert J. Mahon. M.D. 204 E. Joppa Rd., Towson NAME (Type) directar, 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) (State) FEB. 1, 1968 Lorraine Mausoleum Woodlawn, Maryland ENTREMPENDENTS) 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 14 Wm. Cook-Brooks Towson, 1050 York Rd., Towson 30M REV. 1/68 DATE

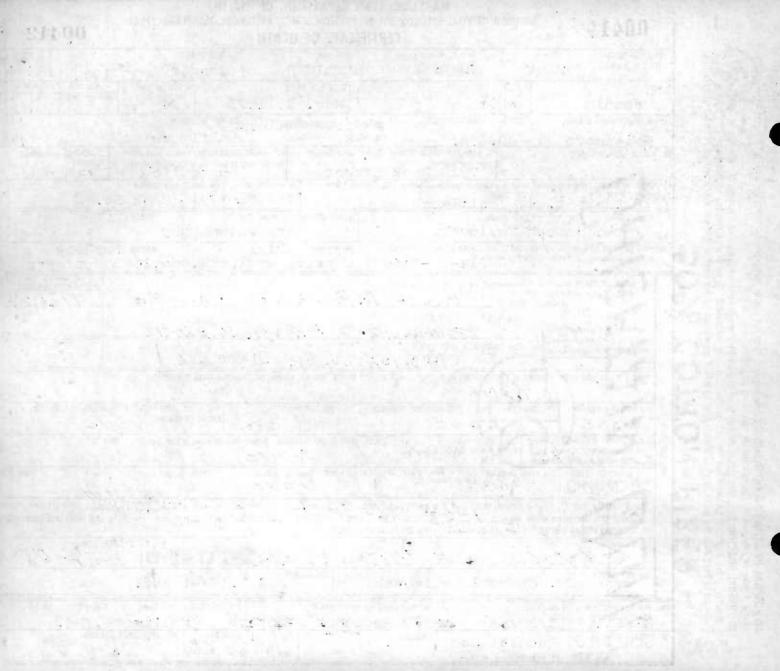
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			MARYLAND STATE DEPARTMENT OF HEALTH	
			00411 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	7		CERTIFICATE OF DEATH 00409	
- =	_24	1.	DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR	_
9	2 6 6		(Type or print) TOHN H- HOOVER ) Month / Day 6 Stear	M
1	2-7	3.	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.	
45	by the f		M lost birthday YRS. MONTHS DAYS HOURS MIN.	
	S. Page		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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.5	completely filled in ave carban papers. y event, within 72 h	10	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital pluring prost of work done give street address)  12. LITY OR TOWN OF DEATH  12. USUAL OCCUPATION (Kind of work done live street)  12. KIND OF BUSINESS OR INDUSTRY INDUSTRY	
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9	and rem	4 14	. FATHER'S NAME First SMIDEN NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost	
2	an an ase		So. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	_
i i	physician. signed by the attending physician and co burial-transit permit. Then please rema burial, crematian, ar remaval, and in any	1"	Yes, no, a cupiknown) (If yes give war or dates of service) (16b. SOCIAL SECURITY NO. 17. INFORMANT Address Service) (16b. SOCIAL SECURITY NO. 17. INFORMANT MARCA Ref 4000 tr	
orti	ph	F	APPROXIMATE INTERVAL	=
+	ding .		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CORDINARY OCCLUSION  IMPROJATE CAUSE (a) CORDINARY  OCCLUSION	_
20	rmit rmit			-
9	e a l		Conditions, if any, which gave)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave)  (b) A A TEXT OSCLETA UTIC CARDIOVASC VHAR DIS 5-10/15	
+	y th insit		rise to immediate cause (a), (	-
+	physician. signed by the attending burial-transit permit. The		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	hysigne uria		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	=
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3	ttending as been as the prior ta	ATIO	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	-
The	or attending physician e has been signed by use as the burial-tra	CEPTIEICATION	YES NO CAUSES OF DEATH?	
PHYSICIAN: The law requires that the death certificate he evented within 24 hours after death	be retained by the hospital or at DIRECTOR: After this certificate had 3 should be detached for use led with the State Dept. af Health			-
N I	the hospital this certifical detached for its Dept. af H	MEDICAL	OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Doy Yeor	
X	the hospi this cert detached te Dept. a	N N	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town County State While Not while Not while	_
	the det		at wark at wark	
N	by the After the be de State		220. I certify that (I) (this hospital) attended the deceased from 3/1/2, 1962, to 1, 1962, that (I) (we) loss saw the deceased give an 1962, and that in (my) (our) appinion death occurred on the date and hour and from the	st
EN	R: A		saw the deceased alive on	е
OR ATTENDING	retained ECTOR: / 3 should with the		22b. SIGNATURE ( 22c. DATE SIGNED.	light.
8	y be retained  L DIRECTOR: A age 3 should filed with the		Par amin Annieros M.D. DEGREE PHYS.   MED. DIRECTOR   STAFF   1/2/68	
2	AL DIS Poge e filed		22d. PHYSICIAN'S DO PARTICIPAN 22e. ADDRESS VIII AND AND MANAGEMENT AND AND MANAGEMENT AND MANAG	-
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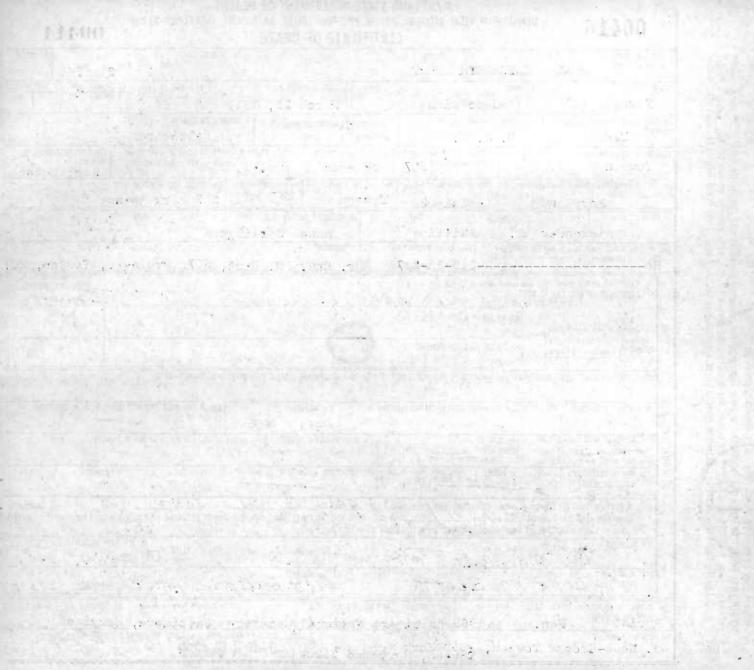


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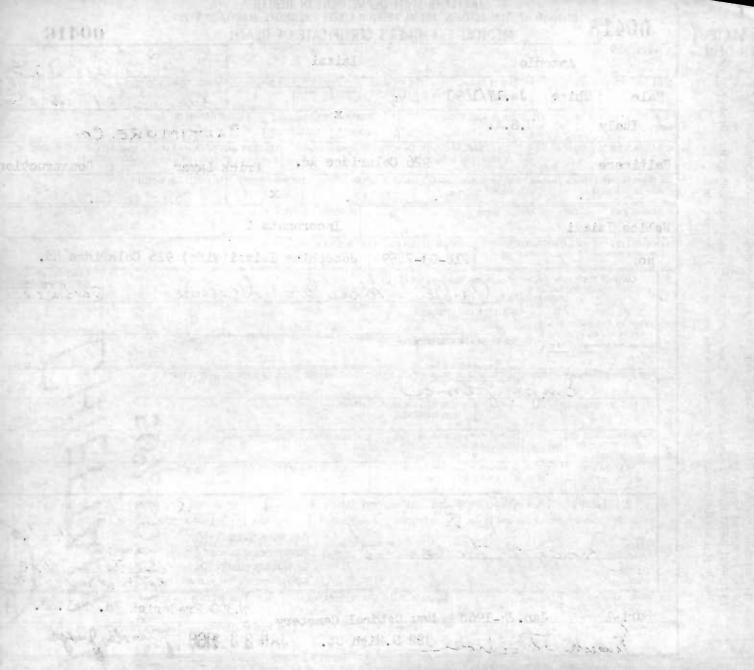
/ IV /I \	MARTLAND STATE DEPARTMENT OF HEALTH
JIVI	00415 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
~	CERTIFICATE OF DEATH 00413
1	DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR
1	(Type or print) WILLIAM BUDDY HUCHES JANUARY 10 68 7:20P
3	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years   IF UNDER 14 ARS.
1	MALE NEGRO MARCH 7, 1915   lost birthday) YRS.   MONTHS DAYS HOURS MIN
7	G. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MADDIED T NEVED MADDIED 9. COUNTY OF DEATH
	MARYIAND U.S.A. WIDOWED DIVORCED BALTIMORE COUNTY,
Ī	D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR
_	FORT HOWARD VET. ADM. HOSPITAL LABORER, SANITATION DEPT. BALTO, MD.
1	3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
0	dmission) STATE MARYLAND 13b. COUNTY BALTIMORE CTTY BALTIMORE YES NO 1664 E. 25th Street.
4	4. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Last
1	MAC WARDEN SOPHRONIA HUGHES
T	16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
	Yes, no octube nown) (11 yes, now was programs of service) 220 14 17 43 CLIN.RECORDS, VA HOSP. FT. HOWARD, MD.
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
1	PART I. DEATH WAS CAUSED BY:  BRONCHOPNEUMONIA  BRONCHOPNEUMONIA
1	DUE TO, OR AS A CONSEQUENCE OF
1	Conditions, if ony, which gave) THROMBOSTS LEFT MIDDLE CEREBRAL ARTERY
	rise to immediate cause (a), (b)  Stating the underlying cause (C)  DUE TO, OR AS A CONSEQUENCE OF
	lost. 331X (c)
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	ARTERIOSCLEROTIC HEART DISEASE. DIABETES MELLITUS
1	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY?  YES NO 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY?  YES NO 19b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	YES X NO CAUSES DEATH?
	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year  (If either, natify medical examiner) P.M. 19  21d INDIGEN CALIERED 1216 PLACE OF INDIGEN CALIER STREET FACTORY 1 21f LOCATION Street or P.F.D. No. (its or Town County State
	2 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, 1) 21f 10CATION Street or RED No. City or Town County State
	at work
	22a. I certify that XI) (this haspital) attended the deceased from 1/3/68 19 ta 1/10/68 19 that XI (we) los
	saw the deceased alive an 1/10/68 19 and that in the deceased alive and the date and have and from the
	causes stated abave::(1) (we) (did <b>x(bint not</b> ) view the bady after death.
	22b. SIGNATURE  22b. SIGNATURE  DEGREE ATTENDING DIRECTOR STAFF 22c. DATE SIGNED 1/11/68
	CO MANANO TO THIS.
,	22d. PHYSICHN'S NAME (Type) JOHN D. TALBERT, M. D.  22e. ADDRESS VAH FORT HOWARD, MARYLAND
	230. BURIAL CREMATION, PEMOVAL (Specify)  REMOVAL (Specify)  BALTIMORE NATIONAL  23d. LOCATION (City or Town) (County) (State)  BALTIMORE, MD.
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11	WITISON FINERAL HOME   JAN 17 1989 VICTORIA VILLAGI
1	ORIEANS ST. BALLIMORE ND.

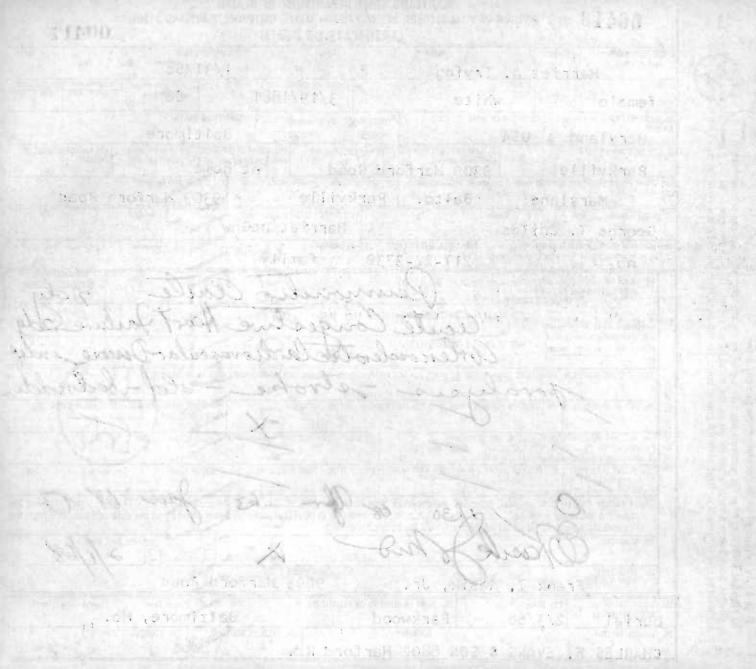
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00416 HEALTH DEPT 1. DECEASED-NAME First 20. DATE KNOWN Last Month Yeor Taizzi (Type or Print) Antonio ESTI-Page 닝 DEATH MATED delay 6. AGE (In years IF UNDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Ja.17/1893 Male White YRS the State Deport 7a. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form country) Italy BALTIMORE. CO. WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Office olong with give street oddress)926 Coleridge Rd. during most of working life, even if retired.)
Brick Layer INDUSTRY Construction Baltimore 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN lond 2 with 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATEMA 13b. COUNTY Balto. YES NO 926 Coleridge Rd ofter 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME Middle Incoronata ? Felice Iaizzi haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes, no, ar unknawn) If yes give war or dates of service) Josephine Iaizzi (Wife) 926 Coleridge Rd. 218-03-7859 File .⊆ APPROXIMATE INTERVAL within be executed 18. CAUSE OF DEATH (Enter only one cause per time for (a) (b), and (c).) permit. PART I. DEATH WAS CAUSED BY "pending" IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditions, if any, which gave rise ta immediate couse (o), shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 2 certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 removal 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES 🗍 NO T pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M MEDICAL CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) NOT WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry and in my apinian death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIFF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER FUNERAL DEPUTY MEDICAL EXAMINER EXAMINER'S 5 moy ro FUNE Heolth NAME (Type) ADDRESS(Street, city, town, or county) the 4300 Frederick Rd. Bal. Md. 23a. BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) New Catdral Cometery Buria REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) 10M REV. 1/68





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00420 CERTIFICATE OF DEATH 00418 DECEASED-NAME Lost 2a. DATE OF DEATH 2b. HOUR death. and (Type or print) CKSO 6. AGE (In years haurs after S. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX MONTHS last birthdoy) DAYS HOURS YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) remave carbon pagers ALTIMORE WIDOWED X DIVORCED prior ta burial, cremation, ar remaval, and in any event, within 72 24 elyefitted 10. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL OR INSTITUTION (If hat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY CATONSVILLE HOMEMAKER HOME and cample! 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before CITY OR TOWN 13e. STREET AND NUMBER requires that the death certificate be executed admission) STATE 13b. COUNTY NO YES X 14. FATHER'S NAME Middle Middle First Last 1S. MOTHER'S MAIDEN NAME First MICH AEL CATON CONNER 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ZEAddress PHOTO CENTER Yes, ga, grunknawn) PLAZA TOWSON 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Anteino so DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove ; rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT #10T RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(□) has been use as the CERTIFICATION 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO X this certificate Page 4 may be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) 5 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year State Dept. of (If either, natify medical examiner) P.M director, page 3 shauld be detached shauld be filed with the State Dept. of 21d. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at work at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased from 2 saw the deceased alive an-\_19 🗲 🐰, and that in (my) (aur) opinion deoth occurred on the dote ond hour ond from the couses stoted obove (I) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURI 22c. PATE SIGNED/ ATTENDING PHYS. MED. DIRECTOR DEGREE 22e. ADDRESS PHYSICIAN'S EDE DI CLE NAME (Type) 23a. BURIAL, CREMATION, BENOVAL (Specify) 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 1/22/68 Baltimore Md. New Cathedral 24. FUNERAL DIRECTOR **ADDRESS** REGISTBAR'S SIGNATUR Sons Co 30M REV. 1/68 DATE

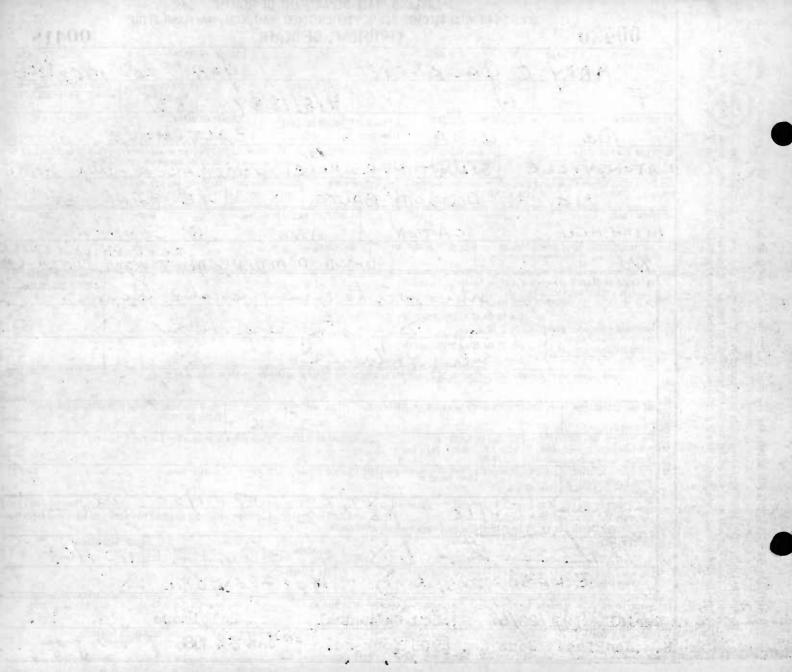


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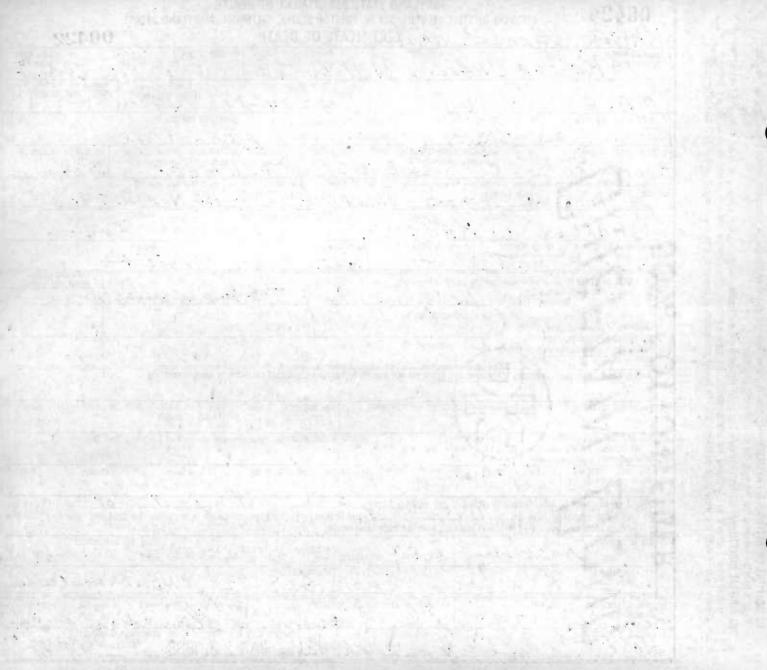
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00423 00421 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) Month MMI Kahmer rvin Januar 6. AGE (In years last birthdoy) 3. SEX 4. RACE S. DATE OF BIRTH IF LINGER 1 YEAR IF UNCER 24 HRS after HOURS White Male 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED [ DIVORCED Baltimore Maryland burial, cremation, or removal, and in any event, within 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind af wark dane remove carbon pa 12b. KIND OF BUSINESS OR within give street oddress) during most of werking life, even if retired.) Randallstown Hosp . Business 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed odmission) STATE 13b. COUNTY Waldron Pikesville Avenue puo ( 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Kahmer Anna Brown Phillip physician 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (If yes give war or dates of service) Yes, no. or unknown) Mrs. Grace Kahmer 26 Waldron Ave Balto 8 220-07-2471 no 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND GEATE PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 moy be retoined by the hospital or ottending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Db. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 2Da. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO 🗌 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from Settlerifes 1, 1967, ta 1966, 1966, that (I) (we) last saw the deceased alive on 1966, 1966, and that in (my) (our) opinion death accurred on the date and haur and from the causes stated above, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR Lestaco Moegree 22d. PHYSICIAN'S NAME (Type) 23b. DATP 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23o. BURIAL, CREMATION, (Caunty) BUTTAL (Specify) 9 Woodlawn Woodlawn Balto Co 24 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE JAN 22

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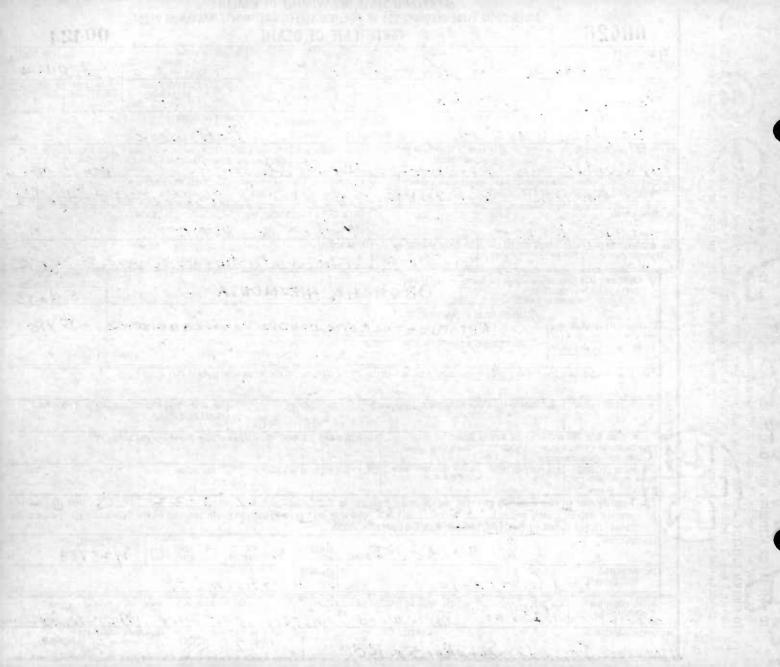


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HOS ge 4 FUN	in n	230,	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City or Town)	(County) (State)
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VR ATS			FUNERAL DIRECTOR  19 IN DOTA JAN 2 3 1968  FINERAL DIRECTOR  19 IN DOTA JAN 2 3 1968	SIGNATURE Judge
			5	67

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	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH  00424	
-		
	DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b.  (Type or print)	HOUR
	704 6 101100 11110	120 N
	Permale Whyte 3/4/82 last birthday) YRS. MONTHS DAYS HOURS	MIN.
7	BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   WIDOWED   DIVORCED   Baftimore	Mc
1	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  120. USUAL OCCUPATION (Kind of work done give street address)  120. USUAL OCCUPATION (Kind of work done like even if retired)  121. INDUSTRY	S OR
00	ark VIIIC 9143 Covered Bridge la Housework oun Hom	2
	o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER rission) STATE Maryland 13b. COUNTY Baltimore Park VIII & YES NO 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS?	Rd
1	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost	
	Louis Krich Katherine Myers	
	a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no_or unknown) (If yes give war or dates of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
-	No DIX-00-3900 Careline Winterstine 7143 Covered Bridge	XC
	18. CAUSE OF DEATH (Enfer only one cause per line for (a), (b), and (c).)	DEATH
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  13RONCHO PNEUMUNIA  5 da	YS
	DUE TO, OR AS A CONSEQUENCE OF	_
	Conditions, if any, which gove isse to immediate cause (o). (b) ARTERIOSCLEROTIC CARDIO-VASCULARDISEASE 5 YR	2.
	stoting the underlying cause  DUE TO, OR AS A CONSEQUENCE OF	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	_
	422/	
X	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	G
X	YES NO NO CAUSES OF DEATH?	
	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
		State
	While Not while of work at work	
	22a. I certify that (I) (this hospital) attended the deceased from 6 - 1 , 19 6 7, to 1 - 2 2 , 19 68, that (I) (w	ve) la
	22a. I certify that (I) (this hospital) attended the deceased fram 6 , 19 67, ta 1 - 2 2 , 19 68, that (I) (we saw the deceased alive and 19 68, and that in (my) (our) apinian death accurred an the date and haur and from 19 68 and that in (my) (our) apinian death accurred and the date and haur and from 19 68 and that in (my) (our) apinian death accurred and the date and haur and from 19 68 and that in (my) (our) apinian death accurred and the date and haur and from 19 68 and that in (my) (our) apinian death accurred and the date and haur and from 19 68 and that in (my) (our) apinian death accurred and the date and haur and from 19 68 and that in (my) (our) apinian death accurred and the date and haur and from 19 68 and that in (my) (our) apinian death accurred and the date and haur and from 19 68 and that in (my) (our) apinian death accurred and the date and haur and from 19 68 and that in (my) (our) apinian death accurred and the date and haur and from 19 68 and that in (my) (our) apinian death accurred and the date and haur and from 19 68 and that in (my) (our) apinian death accurred and the date and haur and from 19 68 and that in (my) (our) apinian death accurred and the date and haur and from 19 68 and the date and	am th
	causes stated abave, (i) (we) (did) (did not) view the bady after death.  22b. SIGNATURE 22c. DATE SIGNED.	
	22b. SIGNATURE Paul & Hurseld mit DEGREE PHYS. MED. DIRECTOR DIREC	
	22d, PHYSICIAN'S  22e, ADDRESS	
	NAME (Type) Paul C. Herold 10 W. Madison St.	
-	o. BURIAL CREMATION, 23b. DATE / 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote	e)
	BEMOVAL (Specify) 1/25/68 Parix wood Cemetery Baltimore, Maryland	
B	CHARDAL DIRECTOR 250 PECIT BAY PEGISTRAP 256	
C8	Imbrose Inc. 1328 Sulphur Sp. Rd. DATE JAN 25 1968 Williamles Judge	

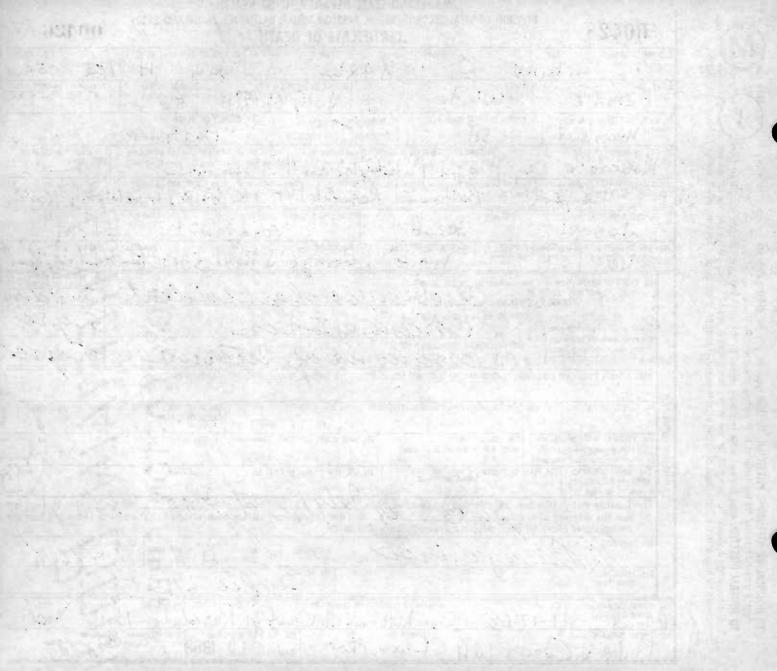
MAKILAND STATE DEPARTMENT OF HEALTH



/				ID STATE DEPARTMEN			
-1		00427	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREE CERTIFICATE OF DI		MARYLAND 21201	00425
1	1.0	ECEASED-NAME First		Last		TE OF DEATH	2b. HOUR
e the cath.		Type or print) ESTH		KAPLAN	Zd. DAI	JANUARY DE.	1968 7:30 PM
F - F	3. SI		4. RACE	S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
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hours hours	70.	BIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNT	Y OF DEATH	
in in era	BA	LTIMORE, MD.	U.S.A.	WIDOWED X DIVORCED	B	ALTIMORE	Md
illed pap		CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN		12a. USUAL OCCUPA	TION (Kind af wark dane	12b. KIND OF BUSINESS OR
with with		BALTIMORE PIKE	ESVILLE PROFESSIONA		during HOUSEN	king life, even if retired.)	INDUSTRY HOME
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executed and control and	14.	FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDE	N NAME First	Middle	Last
be de re		JAMES	EPSTEIN		LENA		BENJAMIN
ificate nysiciar n pleas al, and		. WAS DECEASED EVER IN U.S. AR Yes, no. ar unknawn) (If yes give	RMED FORCES? e war or dates of service)  16b. SOCIAL SECURITY		EPSTEIN.	Address 7121 PARK HGH	TS. AVE. 504
cert g pl Ther mov		18. CAUSE OF DEATH (Enter of	anly ane cause per line for (a), (b), and (c				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ath ndin it.		PART I. DEATH WAS CAUS	SED BY: DIATE CAUSE (a)	0111	ur it		4 years
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that in. by t rans		rise to immediate couse (a), stating the underlying couse	DUE TO OD AS A CONSTOURNER OF				
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The law requires th attending physician has been signed by se as the burial-traith prior to burial, cre	2	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO, THE TERMINAL DI	SEASE OR CONDITION	GIVEN IN PART 1(a)	
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The after has see a the price of the price o	STIFIC			YES _	NO 4	AUSES OF DEATH?	
CIAN: ital ar ifficate ifficate of for u	MEDICAL CE	21a. ACCIDENT WAS UNDERLY  or contributing cause of de  (If either, natify medical exam	EATH HOUR A.M. Manth Day Yea		RED (Enter nature a	f injury in Part 1 or Part 2, It	em 18.)
JING PHYSICIAI by the haspital (fter this certifica be detached fou State Dept: af He	WE	21d. INJURY OCCURRED 21d While Not while of work	e. PLACE OF INJURY ( AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORY,) 21f. LOCATION Street of	r R.F.D. Na.	City or Town	Caunty State
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the haspital ar attending physician.  DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the concept ge 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Beget and with the State Dept. af Health priar to burial, crematian, or removal, and in any event, within 72 haurs after death		220. I certify that (I) (f	this hospitel) attended the deceonalive on	sed from 1900 19 and that in (my)	, 19, to ( <del>out</del> ) opinion de	oth occurred on the dot	, that (I) (we) lose and hour ond from th
aine aine houli			ve, (I) (well tolo) (did not) view the	bady after death.	-		ATE SIGNED,
~ = <u>u</u> ~ ≥		22b SIGNATURE	Jamburg of M	DEGREE ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	-9-68
		22d. RHYSICIAN'S NAME (Type) LOU	UIS HAMBURGER, JR.	22e. ADDRES 1001	ST. PAUL	. STREET	V
O HOSPITAL OF Page 4 may be of FUNERAL DIR director, page 3 minute of the filed	23 0			F CEMETERY OR CREMATORY W FRIENDSHIP	23d. LC BA1	CATION (City or Town)	(Caunty) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00428 00426 CERTIFICATE OF DEATH I. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) Month 14 MILAN 59. M 768 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years last birthday) DAYS HOURS 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) moR-R. WIDOWED | DIVORCED [ requires that the death certificate be executed within 24 remave carban paper filled burial, crematian, ar remaval, and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Kascola le campletely 13c. CATY OR TOWN 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND-NUMBER admission) STATE MARY 13b. COUNTY NO NO 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle and COD Mar physician on please 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no or unknown) none attending p 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF the Canditians, if any, which gove ) signed by the burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been s **D FUNERAL DIRECTOR:** After this certificate has been directar, page 3 shauld be detached far use as the should be filed with the State Dept. of Health priar to CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION CAUSES OF DEATH? YES [ NO [ Page 4 may be retained by the haspital or 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 ar Part 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County Stote City or Town While Nat while at work 220. I certify that (I) (this haspital) attended the deceased from July saw the deceased alive an and that in (my) (our) opinion death occurred on the date and hour and from the cause stated obove, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED STAFF PHYS. ATTENDING DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS. NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d OCATION (City or Town) 23o. BURIAL CREMATION (County) (State) REMOVAL (Specify) o seda he Dunia 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1968



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00429 CERTIFICATE OF DEATH 00427 1. DECFASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR death. death and (Type or print) Month HUGH JOSEPH KEATING JANUARY the attending physician and cumprocy, sit permit. Then please remave carbon papers. Pages I mation or remaval, and in any event, within 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR be executed within 24 hours after 6. AGE (In years lost birthdoy) HOURS 2/23/96 MALE WHITE YRS. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) WIDOWED [ DIVORCED BALTIMORE COUNTY U.S.A. PENNSYLVANIA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR ng most of working life, even if retired.) FORT HOWARD HOSPITAL. 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 1048 W. BALTIMORE STREET BALTIMORE 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle First JOHN KEATING MARY ELLEN CUSHING requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address PA Yes, no, or unknown) (If yes give war or dates of service) prior ta burial, crematian, ar remaval, YES 079 07 36 66 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD WW I 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) SMETHPORT BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) SEPTICEMIA, RECENT WITH ACUTE BACTERIAL ENDOCARDITIS signed by the attendii burial-transit permit. -DUE-TO- OR-AS A CONSEQUENCE OF Conditions, if ony, which gove ) (b) BRONCHOPNEUMONIA RECENT rise to immediate couse (a). DUE TO OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying couse HOME, () ARTERIOSCLEROTIC HEART DISEASE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) FUNERAL DIRECTOR: After this certificate has been far use as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING FUNERAL CAUSES OF DEATH? NO 🗌 YES X director, page 3 shauld be detached far use shauld be filed with the State Dept. af Health 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) 3 shauld be detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County HE While Not while of work 22a. I certify that (1) (this haspital) attended the deceased fram 1/15/67 \_, ta\_1/9/60 . 19 HAROLD \_\_\_, and that in (max) (aur) opinian death accurred on the date and hour and fram the 1/9/68 saw the deceased alive an\_\_\_\_ causes stated above, the (we) (did) (abdount) eview the bady after death. 22c. DATE SIGNED 1/9/68 22b. SIGNATURE ATTENDING MED. DIRECTOR DEGREE PHYS. 임 22e. ADDRESS GEORGE C. MC ELFATRICK, M. D. HOSPITAL, FT HOWARD, MD. VET. ADM. TO FUNE TO FUNE AND WEEN 1/98 SHIPPED 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) ST. ELIZABETH CEMETERY PORT ALLEGHANY, PENNSYLVANIA 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ZANNINO FUNERAL HOME anner 257 S. CONKLING ST. BATTHEMORE MI

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requires that the death certificate be executed within 24 hours after death. by the ottending physician ond completely filled in by the fur tronsit permit. Then please remove corbon popers. Pages L cremation, or removol, and in ony event, within 72 hours after ond completely filled in buriol-tronsit signed by Page 4 may be retained by the haspital or attending physicion. **D FUNERAL DIRECTOR:** After this certificate has been signed by director, page 3 should be detached for use as the burial-tror-should be filed with the State Dept. of Health prior to burial, crei

3. SEX

Male

Funeral Home, Inc.

Brehms Lane

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

requires that the death certificate be executed within 24 haurs after death. I physician. Signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Plages 1 and 2 burial, crematian, ar removal, and in any event, within 72 haurs offer death.		PLACE OF DEATH  o. (OUNTY 7)	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE b. COUNTY
fun		Dallimore MARYLAND	Maryland
\$ E85		b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
by the second se		Catonsville 10 days	Baltimore
h h		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
filled pope thin 72		TOREOT HOVEN NURSING Home	2710 Overland Aue YES [ NO []
with felly f		NAME OF First Middle DECEASED First Middle	Lost 4. DATE Month Doy Year OF
ed v		(Type or print) vames W,	Sidwell DEATH 19 1968
campletely ave carbary event, wi	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Doys Hours Min.
cian and campletely fease remave carban and in any event, with	10	Male white WIDOWED   DIVORCED	4-29-15 52 vis.
be re re lin		b. USUAL OCCUPATION (Give kind of work dane ing most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country)  12. CITIZEN OF WHAT COUNTRY?
icate busician (please), and i		Landensexent Seaman	West Virginia USA
physician on please oval, and it	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
eath certifi ending phy mit. Then ar removal		James Kidwell	Vina E. Johnson
attending permit. The		or no or unknown) (If you give your or dates of convice)	INFORMANT Address 315 Inglesite
attendii permit. ian, ar r	11	Ves War II   333-14-7396	Gusene Conn LPN Aus
that the d an. by the att transit pen crematian,		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), ond (c).)	O INTERVAL BETWEEN
at		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) CA DOCUAL MALE	2 / (1 NV E MACRAS CAVE ONSET AND DEATH
physician. signed by the burial-transit		DUE TO	
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ding the		last. (c)	
the la attendate has be as h pria	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?
	CERTIFICATION	163 X	YES NO
AN al cal cal cal cal cal cal cal cal cal	TFIC		). (Enter nature of injury in Port I or Port II of item 18.)
PHYSICIAN: e hospital ar his certificate stacked far u Dept. af Heal	CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC ne hospi this cert etached Dept. a	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Ot Leb t	ME	Hour o.m. 19 Shile of work of work	octory, street, office bldg., etc.)
by Affer be Staff		21. I certify that (1) (this-haspital) attended the deceased from_	9/9 , 1968 to 1/19, 1968, that (1) (we) lost
OR ATTENDIN be retained by DIRECTOR: Afte 18 3 should be ed with the Sta		sow the deceosed olive on	at death occurred of 850gM, from causes and an the date stated above.
OR ATTEN be retained DIRECTOR: ge 3 shauld led with the		220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
OR be r DIRE		2/16/01/11/1001	M.D. PHYS. DHYS. DICECTOR PHYS. DICECTOR
ral o		22c PHYSTCIAN'S COMMANDER TO THE STATE OF TH	22d. ADDRESS
Page 4 may b for FUNERAL D director, page		NAME (1760) John H Shaw	5800 EN WERMSON AUE. H-LV
Be dect	230	D. BURIAT, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	1 6 1
02056		Burial 1/23/68. Baltimore 1	
VR A15 (4)	24	4. FUNERAL DIRECTOR ADDRESS M	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
25M 1/67		Leonard J. Ruck, Inc. Balto. Md.	21214 DATE N 2 2 1968 Juliantes Judge.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00432

## CERTIFICATE OF DEATH

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death ond death		1.	PLACE OF DEATH					2. USUAL RESIDENCE (	Where decease	d lived, if instituti	ion: Residence befor	e odmission)
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로 도 보고	2		d. NAME OF HOSPITAL	OR INSTITUTION (If not	in haspital, g	ive street address)		d. STREET ADDRESS				e. IS RESIDENCE
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ted nple co	1	5,4,			7. MARRIED	NEVER MARRIE		. DATE OF BIRTH	1	AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
e execute		111	ale	white		DIVORCE		April 28, 18	396	lost sirthday)	Manths Days	Haurs Min.
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icate be				grapher-re	t. Hugi	hs Thoto	0.	New York			USA	
hys Al		13.	FATHER'S NAME				1927	14. MOTHER'S MAIDEN		, ,		
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din t		15.	WAS DECEASED EVER	IN U.S. ARMED FORCES? f yes give war ar dates af s	service) 16. S	OCIAL SECURITY NO.	17. IN	FORMANT		Addre	55	
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	75		Conditions, if ony, v	which gove ) (b	La	100005	200	no bee	1/se	dia	- 11	2-111-
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tending tending ss been as the			stating the underly	ing couse	1 /9	Kore	el	Varco	das	-Tres	ours-	(/
end end s be			PART II. OTHER SIGN	VIFICANT CONDITIONS CON	NTRIBUTING T	O DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN	IN PART 1(a)	119.	WAS AUTOPSY PERFORMED?
The off	2	CERTIFICATION	4201		THE PERSON NO.	o permi		TE TELLUTE DISERVE CO				PERFORMED?
AN: The all or of icate he for use Health		FE	20a. ACCIDENT WAS U	NDERIVING 🗆	20b DES	CDIBE HOW INTIDY	OCCUPPED (	Enter nature of injury in	Port Lar Part	II of item IR)		13   NO 12
State of the state		ERI	OR CONTRIBUTING	CAUSE OF DEATH	200. DE:	CKIDE HOW INJUNI	occorrio. (	Liner natore at injury in	ron i di run	ii or neiii ib.)		
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PH le h his eto eto De		MEDICAL	20c. TIME OF INJUR Hour o.m.	f Manth, Day, Year	While	JURY OCCURRED  Not While		E OF INJURY (Home, fari ry, street, affice bldg., )		(City or town)	(County)	(State)
NG the the ote ote		×	p.m.	19	at wark	uat wark U		1				
Aft be St				that (I) (this hospi	ital) attend	ed the deceased	fram	10/16	1946 to	_//	6_, 1968 th	not (I) (we)
De line				eased alive an.	17	20 196/	and that	death accurred at	94 M,	fram causes		
A S D S S			22a. SIGNATURE	92-1	7		00	ATTENDING	MFT	_ STAFF	22b. DATE SIGN	ED/
9 3 e 3 e 4 v e 4 v e			4/11	accest	720	null	M.D.	PHYS. L	DIRECTOR L	PHYS.	1/7/	6
rAL DAGE PAGE PAGE	1		22c. PHYSICIAN'S NAME (Type)	CIIT	010	11		22d. ADDRESS	01 7		11/	
HOSPITA  uge 4 may  FUNERAL  rector, po	1		NAME (Type)	Charles F.	O'Don	nell		7501 York	Rd., 1	owson, I	nd.	
HOS ge 4 FUN		230	BURIAL, CREMATION	, 23b. DATE THERI	EOF	23c. NAME OF CEN	METERY OR C	REMATORY	23d. LOC	ATION (City or To	wn) (County	) (State)
Page O FUN	K	1	REMOVAL (Specify)	Jan. 10,	1968	Moreland	Memo	rial Park	Park	ville, L	Balto. (o.	Nd.
- =	V	-	. FUNERAL DIRECTOR			ADDRESS		2Sa. REC	D BY REGISTRA	ica 25h		E
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		MARYLAND STATE DEPARTMENT OF HEALTH
1		00433 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH 00431
£ 2£		ECEASED-NAME First , Middle Last 2a. DATE OF DEATH 2b. HOUR
eo de co	(	Type or print) Anaholla M KINO 141 Month 2 Day Year o 7/0 M
E EAZ	3. S	X 4. RACE 5. DATE OF BIRTH 6. AGE (In years   1 FUNDER 14 FARS.
\$ 50 E	10.0	Tast birthday) Months Day's Hours Min
The state of the s	70	
har har		ntry) / //
in 24 page	10	TY/OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital   120. USUAL OCCUPATION (Kind of work done   12b. KIND OF BUSINESS OR
= 4	5	TEVENSON Give speed oddress)  10. INDUSTRY  TOUR SON HELO MOST AND THE CONTROL OF
ed v		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
e a di e a 03	aam	ission) STATE NId 13b. COUNTY B2/to Stevenson YES NO Stevenson Y HAICYON Rds.
AN: The law requires that the death certificate be executed with all ar attending physician. icate has been signed by the attending physician and campletely far use as the burial-transit permit. Then please remove carban Health priar ta burial, crematian, or remaval, and in any event, with	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
n a se l	1	ATRICK J. GALLAGHER DYLLGETTE DOLAN
cate sicic plea l, ar		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT
phy en ava	=	(If yes give wor or dates of service) 319147974 WILLIAM H KING STEVENSON, MICH.
ing h ce		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
end mit.		IMMEDIATE CAUSE (0) Cerebral vascular accident & Layo
att per an, an,		4367 DUE TO, OR AS A CONSEQUENCE OF
t the the sit p		Conditions, if any, which gave rise to immediate cause (a), (b) generally arthrogethoses Severally 1
tha an. by ran cren		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
quires tha physician. signed by burial-tran	B	lost. (c)
phy phy sign buri		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ing en ta	Z	33/X
lay end s be as t ariar	ATI	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The att	CERTIFICATION	YES NO Z
ar are		21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
af a filipinal de la company d	MEDICAL	(If either, notify medical examiner) P.M.
hasp cell	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREEF, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
the this deto		at work at work
by 1 ffer be of		22a. I certify that (I) (this hospital) attended the deceosed from Sep., 1962, to 1960, that (I) (we) lost
ed ed he she she	П	saw the deceosed olive on 1963, and that in (my) (eur) opinion death occurred on the date and havr and from the causes stated above, (I) (we) (did not) view the bady ofter death.
Tie State		22b. SIGNATURE 22c. DATE SIGNED
REC 3 s S J Will Will Will Will Will Will Will Wi		ATTENDING MED. STAFF
y be gige		22d. PHYSICIAN'S  22e. ADDRESS  22e. ADDRESS
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priart a burial, creating the state Dept.		NAME (Type) Paul H Royse MD 14031-062462 Pikesuille Md.
FUN FUN nauf	230	BURIAL, CREMATION, 23b. DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County), (State)
5 5 p s		/ PSMOVALSOPRIED / 1-26-68 All SAINTS Cem. Des Plaines, Illinois
VR A15 (4) 30M REV. 1/48	24	FYNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
30M REV. 1/68	L	30 rgee Funeral Home 3631 Falls Rd DATE JAN 24 1968 Icharles Judge
	11 6.	

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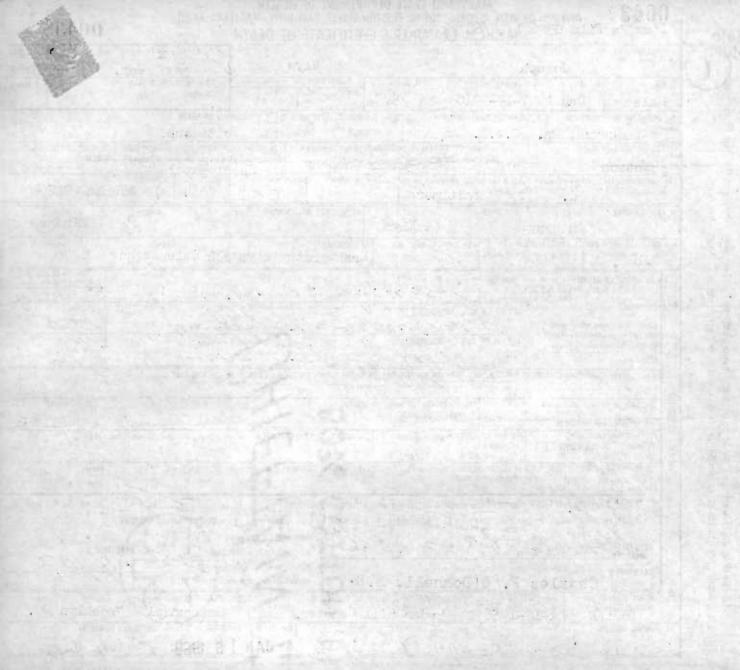
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	1	1		MARYLAN DIVISION OF VITAL RECORDS,	D STATE DEPART						
2			00436		CERTIFICATE OF DEATH			00434			
+	#25#	1.	DECEASED-NAME First (Type or print)	Middle	Lost	20	o. DATE OF DEATH  Month Doy	Yeor 2b. HOUR			
2	B B B		JAM		KLEINSCH		JANUARY 1.	1968 8:101			
90,1	differ differ	3.	SEX	4. RACE	S. DATE OF	BIRTH	6. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			
		-	MALE	WHITE		CH 19,190	3 64 YRS.				
	Z Prou	(0	BIRTHPLACE (Stote or foreign buntry) MARYLAND	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER M. WIDOWED DIV	ARRIED 9. CO	OUNTY OF DEATH				
	illed pape pape	10	. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS		120. USUAL OC	BALTIMORE CUPATION (Kind of work done	Md. 12b. KIND OF BUSINESS OR			
	bon p with		TOWSON	give street oddress) ST. JOSEPH	HOSPITAL	during most o	f working life, even if retired.)	DULANEY M TRS.			
3	carl carl	2 13	a. USUAL RESIDENCE (Where deceos	ed lived, if institution: Residence before	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER				
	ove y		MARYLAND	13b. COUNTY FIMORE	TOWSON	YES NO	108 BURKE AV				
PHYSICIAN: The law requires that the death certificate be executed within 24 hours ne hospital or ottending physicion.	and rem n on	1 12	. FATHER'S NAME First	Middle Lost	IS. MOTHER'S	MAIDEN NAME First	Middle	Lost			
	physicion.  signed by the ottending physicion and completely filled in by the buriol-tronsit permit. Then please remove carbon papers. Page burial, cremation, ar removal, and in ony event, within 72 hours-of	1	So. WAS DECEASED EVER IN U.S. ARA Yes, no, or unknown) (If yes give w	AED FORCES? rar or dates of service)	NO. 17. INFORMANT		Address				
	ding ph		PART I. DEATH WAS CAUSED	ly one couse per line for (o), (b), and (c).  BY:  Active in	nyocardial i	nfarction		APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH			
	offen permi		4109	DUE TO, OR AS A CONSEQUENCE OF	osclerotic h						
÷	by the ronsit		Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse (	(b) DUE TO, OR AS A CONSEQUENCE OF	escierotic i	leart dise	ase				
9	ysici ysici ned iol-t ial,		last.	(c)							
	ing phi ing phi en sign he bur to bur	,	4221	NDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE OR CONDI	ITION GIVEN IN PART 1(0)				
5	ottending has been se as the th prior to	3.	196. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AU YES [		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING			
CIAN:	CIAN: ital or ifficote I for us of Heoli	MEDICAL CE		H HOUR A.M. Month Doy Yeor		OCCURRED (Enter not	ure of injury in Port 1 or Port 2, 1	tem 18.)			
D N N	this cer etached	191	21d. INJURY OCCURRED 21e. While Not while at work of work	PLACE OF INJURY ( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		reet or R.F.D. No.	City or Town	County Stote			
OR ATTENDING	Poge 4 may be retained by the hospital or otherding physicion.  To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-tron should be filed with the State Dept. of Health prior to burial, cre.		22a. I certify that (I) (th	is hospital) attended the deceose live on JANUARY 1 1 e, (1) (we) (did) (did not) view the	968 ond that in (	1, 19 <u>_68</u> my) (our) opinior	, toJANUARY 1 , 196 n deoth occurred on the do	o8, that (I) (we) last te ond hour and from the			
	be retoil DIRECTO e 3 sho ed with	1	22b. Signatyre Lackent Laken & Degree Phys.   MED.   STAFF   22c. DATE SIGNED   1-6-68								
PITAL	Poge 4 moy by TO FUNERAL D director, page should be file		22d. PHYSICIAN'S NAME (Type) Gual	berto Gokim, Jr.,		DDRESS 520 York F	Road, Baltimore	, Md. 21204			
	Poge direct	23	o. BURIAL CREMATION, 23b.	DATE (23c. NAME OF L)	CEMETERY OR CREMATORY  MC . Mach	School 23	d. LOCATION (City or Town) Belfilms	(County) (Stote)			
	VR AV (4) 30M REV 1/68		4. FUNERAL DIRECTOR	ferwig sons ADDRESS	Coleans St	2So. REC'D BY RE	GISTRAR 25b. REGISTRAR'S ACCUSANCE	SIGNATURE :			

no angajo i ke i ka sa madit makana da k steen of a life of training land to Vital .

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00435 Item DICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. DECEASED-NAME First Middle 20. DATE KNOWNE Year > 2b. HOUR lost Month (Type or Print) ESTI-OF KLym 2, and 3 to PM3. Page Joseph 5 5 1968 8:0M DEATH MATED Jan. 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 2c. DATE PRONOUNCED DEAD 2d. HOUR Month Day Year 7-19-1910 Male Can 5 / YRS 19 State Depart 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm WIDOWED [ Baltimore U.S.A. DIVORCED Smoke un. Item 18. Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** give street oddress) Bendix Company land 2 with the Towson pendix Sheet Metal 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death. 634 Dale Avenue odmission) STATE 13b. COUNTY Baltimore 21206 Md. YES NO after ( Lost 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME First Middle Middle Last Bindas Klym Anthony .⊑ haurs 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT be executed within (Yes, no, or unknown) (If yes give war or dates af service) Mrs Dorothy Klym 634 Dale Avenue 27206 File APPROXIMATE INTERVAL event within 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PETWEEN ONSEL-AND DEAT PART I. DEATH WAS CAUSED BY: "pending" IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a), any writing the ward OR AS A CONSEQUENCE OF stoting the underlying couse \_\_ certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) remaval, used 19b. CONDITION FOR WHICH OPERATION 190. DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? This YES 🗌 the certificate, NO F 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M cremation. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection -Inquiry and in my apinian Natural causes . Accident . death resulted from: Suicide Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER 225. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 5 may TO FUNE Health Charles F. O'Donnell, M.D. NAME (Type) ADDRESS(Street, city, town, or county) the 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23d. LOCATION (City or Town) (County) REMOVAL (Specify) rooklyn Md. Cedar Hill Cemetery Annarundel 1-10-1968 Buria 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR ATSME ( DATE JAN

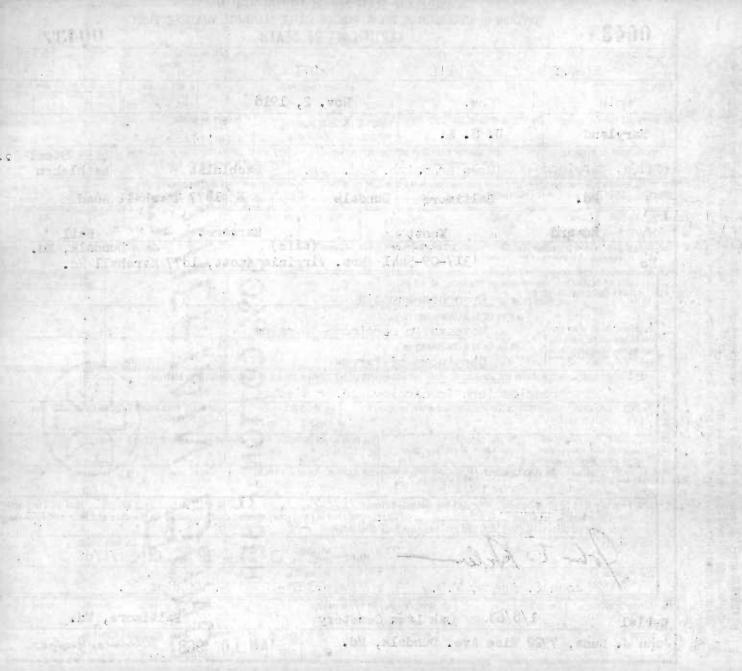
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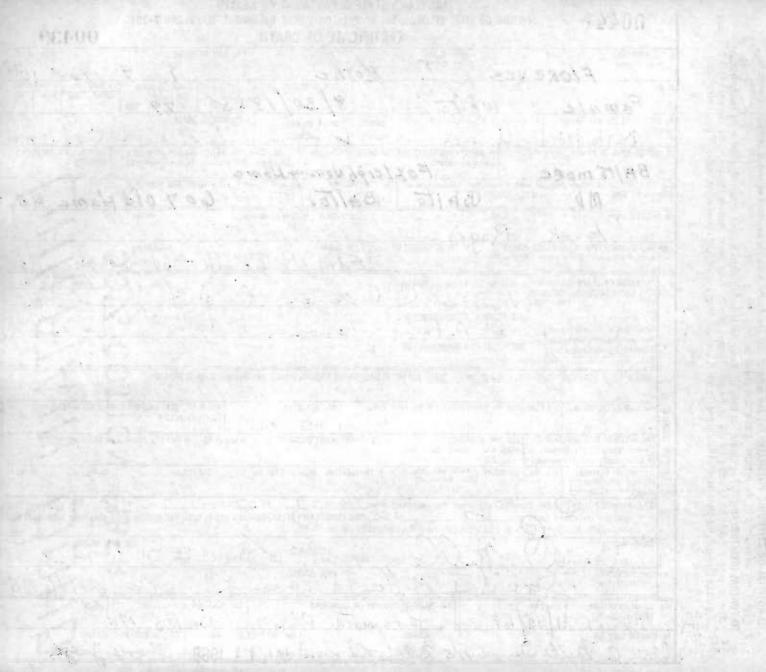


DIVISION OF VITAL RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201		
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TANTIADY OL 7	2b. HOUR 968 9:20A M	
	I YEAR   IF UNDER 24 HRS. DAYS HOURS MIN.	
MARYLAND U.S.A. WIDOWED DIVORCED X BALTIMORE COUNTY	Md	
FORT HOWARD  VETERANS ADM. HOSPITAL  during most of warking life, even if retired.)  LABORER  INDU:	CIND OF BUSINESS OR STRY PYARD	
admission) STATE BALTIMORE CITY BALTIMORE YES XX NO 218 CHAPEL STREE		
14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle  ISAAC KNOX MARY FI	SHER	
(lf yes give wor or dates of service) 213 16 59 64 CLIN. RECORDS, VA HOSPITAL, FT HOWA		
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  BE	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH	
rise to immediate rouse (a) (	NKNOWN	
lost.    Stating the underlying cause   DUE TO, OR AS A CONSEQUENCE OF	NKNOWN	
3344		
19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY?  YES NO  CAUSES OF DEATH?  YES NO  CONSIDERE		
GI Gr Contributing Cause of Death HOUR A.M. Month Day Yeor 19 P.M. 19	The Fig	
21d. INJURY OCCURRED While Nor while Nor while twork at water water water Nor while twork at water 1		
22a. I certify that (this haspital) attended the deceased fram 12/20/67, 19, to 1/24/68, 19, saw the deceased alive an 1/24/68 19, and that in (1/44) (aur) apinian death occurred an the date and causes stated abave, (1/42) (we) (1/44) (did not) view the bady after death.		
TITIS. — DIRECTOR — TITIS. —	NED /68	
BURIAL 1-36-68 BALTIMORE NATIONAL BALTIMORE, MD.		
	rege	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAITIMORE, MARYLAND 21201	

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	and when the production will be distributed to	LUCE MICHELL CONTROL	

MARYLAND STATE DEPARTMENT OF HEALTH 00441 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00439 1. DECEASED-NAME First Middle 2g. DATE OF DEATH 2b. HOUR TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death (Type ar print) Manth FLORENCE 3. SEX 6. AGE (In years last birthday) S. DATE OF BIRTH IF LINDER 1 YEAR completely filled in by the MONTHS 1 HOURS YRS. requires that the death certificate be executed within 24 haurs 7a, BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED 1 DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done give street address) Nuasing Lame INDUSTRY BAITO' MORE

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY NO V 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle 0 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, ar unknawn) (If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Canditians, if any, which gave ) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a, DATE OF OPERATION 20a. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 220. I certify that (1) (this hospital) attended the deceased fram 10 - 27, 19 67, to 1 - 7, 19 68, that (1) (we) lost saw the deceased olive on 1 - 7, 19 68, and that in (my) (our) apinian death occurred on the date and hour and from the couses stoted obove, (1) (we) (did) (did not) view the body after death. 22b: SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF DEGREE DIRECTOR PHYS. PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Linso 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23b; DATE 23d. LOCATION (City or Town) (Carnty) REMOVAL (Specify) FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 7kd, -21206



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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2g. DATE OF DEATH Last Levin Month Lake S. DATE OF BIRTH white July 27, 1879

00441

Lawin DECEASED-NAME 2b. HOUR (Type or print) Lake IF UNDER 24 HRS. 4. RACE 6. AGE (In years IF UNDER 1 YEAR 3. SEX last birthday) DAYS HOURS male 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED country) Baltimore U. S. Md. DIVORCED [ WIDOWED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR INDUSTRY during most of warking life, even if retired.) Catonsville STATE HOSP. Institution omm. 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY YES V NO T 926 Southerly Rd. Balto Towson 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle Lost Williamson Margaret Levin 16b. SOCIAL SECURITY NO 17. INFORMANT 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, ar unknown) (If yes give wor or dates of service) 214-03-6720 Records: SPRING GROVE STATE HOSPITAL Vone CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY asoliores IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) eumonia rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) tenosclerosis CERTIFICATION 19g, DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY2 CAUSES OF DEATH? YES W NO [ 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M ( AT HOME, FARM, STREET, FACTORY,) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street ar R.F.D. No. State City or Tawn County While Nat while at work at work 22a. I certify that (1) (this haspital) attended the deceased from April 5, 1966, to -20, 1968, that (1) (we) last saw the deceased alive on 1968, and that in (my) (our) opinion death accurred on the date and hour and from the 1966 to 1-20 couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE ATTENDING DEGREE PHYS. DIRECTOR PHYS. 22e. ADDRESS SPRING GROVE STATE HOSPITAL 22d. PHYSICIAN'S NAME (Type) Baltimore, Maryland 21228 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE (County) (Stote) REMOVAL (Specify) hunch Cemetery one Green. 25b. REGISTRAR'S SIGNATURE 250. REC'D BY PEGISTRAR

burial-transit permit. Then please remave carban papers. Pages 1 and 2 burial, crematian, or remavol, and in any event, within 72 haurs after death. requires that the death certificate be executed within 24 hours completely filled in signed by the burial-transit p Page 4 may be retained by the hospital ar attending physician. ifter this certificate has been be detached far use as the State Dept. of Health priar ta O FUNERAL DIRECTOR: After director, page 3 shauld VR A15 (4) 30M REV. 1/68 00443

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00445 00443 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2g. DATE OF DEATH 2b. HOUR First death. (Type or print) J TON. 68 CLNC 4. RACE S. DATE OF BIRTH IF UNOER 1 YEAR IF LINGER 24 HRS. 3. SEX 6. AGE (In years last birthday) OAYS 7o. BIRTHPLACE (Stote or foreign 7h CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED D DIVORCED | 1-5.A burial, crematian, ar removal, and in any event, within 72 Boston, mass, campletely filled vove carban paper 24 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within INDUSTRY give street\_oddress) during most of working life, even if retired.) Garrison, ma Nursing Home Housewife 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence Sefare 113c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY admission) STATE YES NOXX Bo-14:me 14. FATHER'S NAME Middle First Middle Last 15. MOTHER'S MAIDEN NAME First and Margaret Foley Thomas J. Johnson physician nen please 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, nor or unknown) (If yes give war or dates of service) 017-26-0552 Bame APPROXIMATE INTERVAL attending permit. The 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) . DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gave ) rise ta immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) as the Health priar to has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? OR ATTENDING PHYSICIAN: The YES 🗍 NO Z TO FUNERAL DIRECTOR: After this certificate directar, page 3 shauld be detached far us shauld be filed with the State Dept. of Healt 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Tawn County State While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased fram 200 9, 1967, to 1968, that (I) (we) last Bec 30, 1967, and that in (my) (our) opinion death accurred an the date and have and from the saw the deceased alive an be retained causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF PHYS. DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 1403 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) 1-3-67 Old Calvary Cemetery Boston, Mass. **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Wm.E. Johnson 8521 Loch Rayen Blvd. 21204 1968 30M REV. 1/68 DATE

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death.	uneral and 2	Ī	DECEASED-NAME (Type or print) GILBERT NORWOOD LANG 20. DATE OF DEATH Manth   Day 4 409 68 8:35	R
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NAME (Type) Robert J. Mahon, M.D.  201 E. Joppa Rd., Towson  230. SURIAL, CREMATION.  230. DATE  231. PANNE OF CEMETERY OF CREMATORY  232. PANNE OF CEMETERY OF CREMATORY  233. SURIAL (Specify)  243. PROPERTY OF CREMATORY  254. PROPERTY OF CREMATORY  255. PROPERTY OF CREMATORY  256. PROPERTY OF CREMATORY  257. PROPERTY OF CREMATORY  258. PROPERTY OF CREMATORY  258. PROPERTY OF CREMATORY  259. PROPERTY OF CREMATORY  250.			Erber	ma	Ront	DEG	KEE PHYS.	DIRE	CTOR 🗆	STAFF PHYS.			
REMOVAL Specify 1-29-68 Drud / Liller (em Pressulle Balto Cott			NAME (Type) Robe	ert J.				201 E.			_		
24) FUNERAL DIRECTOR  SUVAGE FUNERAL HOME 32/10 /// DATE AN 30 1968 25b. REGISTRAR'S SIGNATURE DATE AN 30 1968	1			DATE 29-	-68 Dr	110/10	11/00 (	em	PIK	esulle	0	132/16	Co Ma
	3	247	FUNERAL DIRECTOR	2/ Ho,	me 1321	to 111	25	ATLIAN 3	REGISTRAR 0 19	68 2Sb. REGIST	RAR'S	SIGNATURE	gr.

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MARYLAND STATE DEPARTMENT OF HEALTH 00448

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

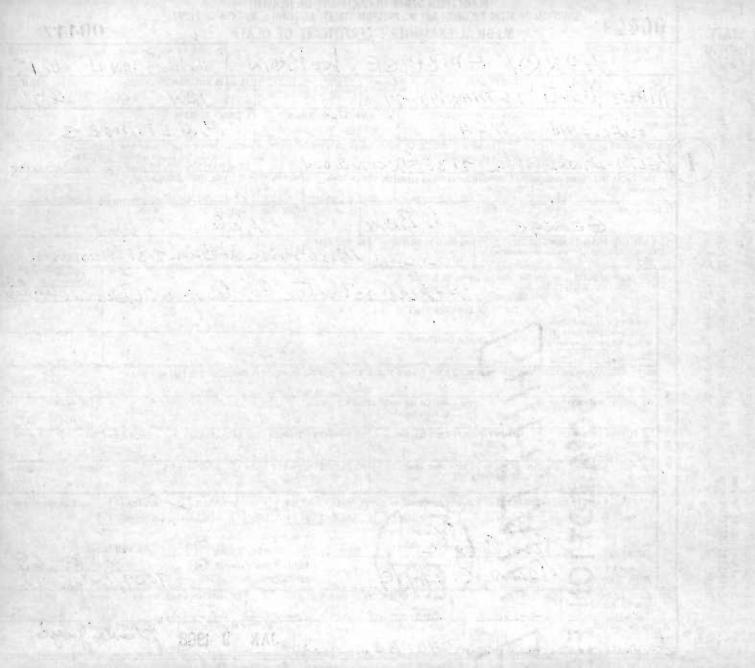
CERTIFICATE OF DEATH

00446

PACE OF DEATH   CALLIFORNE   C. STATE   ADDRESS   C. CHIN OR TOWN (If cartiste corporate limits, profit   SURFAL and give necessal town)   C. CHIN OR TOWN (If cartiste corporate limits, profit   SURFAL and give necessal town)   C. CHIN OR TOWN (If cartiste corporate limits, profit   SURFAL and give necessal town)   C. CHIN OR TOWN (If cartiste corporate limits, profit   SURFAL and give necessal town)   C. CHIN OR TOWN (If cartiste corporate limits, profit   SURFAL and give necessal town)   C. CHIN OR TOWN (If cartiste corporate limits, profit   SURFAL and give necessal town)   C. CHIN OR TOWN (If cartiste corporate limits, profit   SURFAL and give necessal town)   C. CHIN OR TOWN (If cartiste corporate limits, profit   SURFAL and give necessal town)   C. CHIN OR SURFAL AND CARTIST   C. CHIN OR CART				10.X.X.D
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  6. IS RESIDENCES  6. O2 Baltimore Avenue  7. MARKED  1. Middle  1. Lost  1. DATE  1. DA		1.	o. COUNTY Baltimane b. COUNTY Bal	
CO2 Baltimore Avenue   GO2 Baltimore Avenue   SE   NO			Tairrite PIIDAL and give possest town	neorest town)
13. FATHER'S NAME  Charles Francies  14. MOTHER'S MAIDEN NAME  Martha Willinghan  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, nog or unknown) (If yes give wor or dotes of service)  None  16. SOCIAL SECURITY NO.  None  Family records  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (APTERIOSCIEROTICS HEART DIBAGE ONSET AND DEATH  DUE TO  Conditions, if ony, which gove rise to immediate couse (a),  DUE TO  Conditions, if ony, which gove rise to immediate couse (a),  DUE TO  Conditions immediate couse (b),  DUE TO  Conditions immediate couse (b),  DUE TO  Conditions immediate couse (c),  DUE TO  Conditions immediate couse (c),  DUE TO  Conditions immediate couse (c),	00		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  602 Baltimore Avenue  d. STREET ADDRESS  602 Baltimore Avenue	ON A FARM?
13. FATHER'S NAME  Charles Francies  14. MOTHER'S MAIDEN NAME  Martha Willinghan  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, nog or unknown) (If yes give wor or dotes of service)  None  16. SOCIAL SECURITY NO.  None  Family records  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (APTERIOSCIEROTICS HEART DIBAGE ONSET AND DEATH  DUE TO  Conditions, if ony, which gove rise to immediate couse (a),  DUE TO  Conditions, if ony, which gove rise to immediate couse (a),  DUE TO  Conditions immediate couse (b),  DUE TO  Conditions immediate couse (b),  DUE TO  Conditions immediate couse (c),  DUE TO  Conditions immediate couse (c),  DUE TO  Conditions immediate couse (c),	03	3.	DECEASED (Type or print) Emma Francies LeBrun OF January 631,	Doy Year 1968 19
13. FATHER'S NAME  Charles Francies  14. MOTHER'S MAIDEN NAME  Nartha Willinghan  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no.gor unknown) (If yes give wor or dotes of service)  None  16. SOCIAL SECURITY NO.  None  Family records  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (of ARTERIOSCUEROTICS HEART DIBASE  ONSET AND DEATH  ONSET AND DEATH  DUE TO  Conditions, if ony, which gove is to immediate couse (o),  DUE TO  DUE TO  Conditions, if ony, which gove is to immediate couse (o),  DUE TO  DUE TO  Conditions, if ony, which gove is to immediate couse (o),  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  Conditions, if ony, which gove is to immediate couse (o),  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  Conditions, if ony, which gove is to immediate couse (o),  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  Conditions of the performance o		S.	Female White Months Ducorp To Dec 25 1872 day birthdoy) Months	
13. FAIHER'S NAME  Charles Francies  14. MOTHER'S MAIDEN NAME  Northa Willinghan  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no yet unknown) (If yes give wor or dotes of service)  None  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (ANTIFICIUS CLEROTIC HEART DIBASE  ONSET AND DEATH  Conditions, if ony, which gove rise to immediate couse (o),  DUE TO  Conditions, if ony, which gove rise to immediate couse (o),  DUE TO  DUE TO  Conditions, if ony, which gove rise to immediate couse (o),  DUE TO  DUE TO  DUE TO  DUE TO		10e du	o. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)  10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Country & Stote, or foreign country)  12. CIT COUNTRY  COUNTRY  COUNTRY	IZEN OF WHAT JNTRY
(Yes, not or unknown) (If yes give wor or dotes of service)  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (ONE TEXCLUSCIEROTIC HEART DIBASE  Conditions, if ony, which gove nise to immediate couse (o),  DUE TO  Conditions, if ony, which gove nise to immediate couse (o),  DUE TO  DUE		13		
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (of DEATH (Enter only one couse per line for (o), (b), and (c).) PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (of DEATH (Enter only one couse per line for (o), (b), and (c).) PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (of DEATH (Enter only one couse per line for (o), (b), and (c).) PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (of DEATH (Enter only one couse per line for (o), (b), and (c).) PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (of DEATH (Enter only one couse per line for (o), (b), and (c).) PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (of DEATH (Enter only one couse per line for (o), (b), and (c).) PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (of DEATH (Enter only one couse per line for (o), (b), and (c).) PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (of DEATH (Enter only one couse only one couse one				
Stoting the underlying couse lost.    Columbia   Contributions   Contributions			PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (OF ARTERIOSCIEROTIC HEART DIEASE  Oute to  Conditions, if ony, which gove  I give to immediate cause (o)  OF ENFROLIZED ARTERIOSCLERO((S)	INTERVAL BETWEEN ONSET AND DEATH
20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  20c. ACCIDENT WAS UNDERLYING		j	stoting the underlying couse DUL 10	
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m.  19 20d. INJURY OCCURRED While of work of at work of the deceased from 19 21. 1 certify that (I) (this hospital) attended the deceased from 19 22c. SIGNATURE 22c. SIGNATURE 22c. PHYSICIAN'S NAME (Type)  20d. INJURY OCCURRED While of work of at work of the deceased from 19 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)  ATTENDING MED. DIRECTOR PHYS.  22b. DATE SIGNED 22c. PHYSICIAN'S NAME (Type)  22c. SIGNATURE 22d. ADDRESS NAME (Type)	2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
21. 1 certify that (I) (this hospital) attended the deceased from 1964, 19, to 131, 160, that (I) (we) lost sow the deceased glive on 1968, and that death occurred of 3 PM, from couses and on the date stated above.  220. SIGNATURE  220. SIGNATURE  220. PHYSICIAN'S  221. PHYSICIAN'S  NAME (Type) T. C. SIWINSK (222. ADDRESS 222. ADDRESS 222. ADDRESS 222. ADDRESS 222. ADDRESS 222. ADDRESS 223. ADDRESS 224. A			OR CONTRIBUTING CAUSE OF DEATH	
21. I certify that (I) (this hospital) attended the deceased from 1964, 19 to 131, 160, that (I) (me) lost sow the deceased glive on 1/26 1965, and that death occurred at P M, from couses and on the date stated above.  220. SIGNATURE  220. SIGNATURE  M.D. PHYS. DIRECTOR PHYS.		MEDICA	Hour o.m. While Not While foctory, street, office bldg., etc.)	inty) (Stote)
22c. PHYSICIAN'S T.C. SIWINSKI 22d. ADDRESS NAME (Type) T.C. SIWINSKI 22d. ADDRESS			sow the deceosed glive on 1/26 1968, and that death occurred at 3 P M, from couses and on the	ne dote stoted above.
NAME (Type) 1. C. SIWINSKI 206 W. PENENA. HU POUSON Md.			M.D. ATTENDING MED. DIRECTOR STAFF PHYS. 2/-	3/68
		H.	NAME (Type) / C. SIWINSKI 206 W. PENENA. HU NOWS	m Md.
	1	L	o. BURIAL (REMATION, REMOVAL (Specify)  LULICAL  4. FUNERAL DIRECTOR  23b. DATE THEREOF  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City or Town)  Clen Arm, Manuar  ADDRESS  25c. REC'D BY REGISTRAR 25b. REGISTRAR 5. SI	(County) (State)

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2	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1		447
HEALTH DEAT.		DECEASED-NAME (Type or Print) HARRY AMBROSE LeBRUN 20. DATE KNOWN Month Day OF ESTI-DEATH MATED 1 JAN 4	Yeor 2b. HOUR
delay is and 3 ta M3. Page rtmento	3.5	SEX ALS 4. RACE 5. DATE OF BIRTH 6. AGE (In years loss birthdoy) MONTHS DAYS HOURS MIN MONTHS Day 4 Year	19 4 2 MOUR
ny delc s 1, 2, and arm PM3. I		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	e Md
e Pages with far he State	11/	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital  ALTO-PHRAL-Overlegive street address)  Reenwood  American Refinery  12b. KINC  INDUSTRY	D OF BUSINESS OR  Grinder
18. Give F alang w with the	130.	D. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE  Md.   13b. COUNTY   13c. STREET AND NUMBER   13b. COUNTY   13c. STREET AND NUMBER   1	Tanner
4 haurs I tem 18 S Office I land 2	14. 1	FATHER'S NAME First Middle Laser 15. MOTHER'S MAIDEN NAME First Middle Helen Rollason	Last
within 24 pencil in xaminer's ile pages 72 haurs		1. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) (Yes, no, or unknown) (If yes give wor or dates of service) (Yes, no, or unknown)	and
INER: This certificate shauld be executed within 24 haurs after death ny delane exertificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Files.  3 should be used as a burial-transit permit. File pages land 2 with the State Departmentian, or remayal, and in any event within 72 haurs after death.			PPROXIMATE INTERVAL WEEN ONSET AND DEATH  LUNCLUP  LUNCLUP
ficate s ing the ided ta as a bu I, and i	7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
his certifate, writ	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	AUTOPSY?  YES NO NO
EXAMINER: This certificate tute the certificate, writing thuge 4 shauld be farwarded to your files. Page 3 should be used as a b., crematian, ar remaval, and	MEDICAL CER	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, factory, affice building, etc.)  21f. LOCATION Street or R.F.D. No. (ity or Town Country)	y State
JITY JICAL E.) ITY please executed director. Page be retained for SRAL DIRECTOR: Pring for the prior to burial,		deoth resulted from: Natural causes Accident , Suicide , Hamicide , Undetermined manner   ACTUAL SIGNATURE	land in my opinian
TO DEPU necessa the fun S may TO FUNE	230	IO. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(State)
VR A15ME (B) 10M REV. \S8	24. L	Burial 1-8-1968 Gardens of Faith Cemetery Baltimore Confidence of Faith Cemetery Baltimore Confidence of Faith Cemetery Baltimore Confidence of Fundamental Date of Part of Pa	inge .



1	MARYLAND STATE DEPARTMENT OF HEALTH
	10454 & 14 Film#G397 2/19/08 PERTIFICATE OF DEATH
T-	tems 1 & 11 Film G398 3/11/68 kk CERTIFICATE OF DEATH 00450
	DECEASED NAME First And Middle Lost 20. DATE OF DEATH 2b. HOUR
	(Type or print) DISTER MARY ROSE 4/VI Month / Doy (8) feor 4:30P
3.	SEX. 4. RACE S DATE OF BIRTH 6. AGE (In years lif under 17 ARS IN UNDER 18 HOURS MINE)  A NOTE OF BIRTH 6. AGE (In years last birthday) MONTHS DAYS HOURS MINE.
	FEMALE WHITE HUG 25, 1886 8/ YRS.
7a.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
L	BALT, MD. U.J.A. WIDOWED DIVORCED DIVORCE MI
	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of warking life, even if retired.)  12a. USUAL OCCUPATION (Kind of work dane during most of warking life, even if retired.)
	SLEN ARM give, street address MARIA, NOTCH CHEFF HOUSE WORK KELGIOUS CROP.  D. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 132. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13g-STREET AND NUMBER
adı	mission) STATE MARY CAND 13b. COUNTY BALTI MORE GEN ARM YES NO DE RURAL
14.	FATHER'S NAME   First Middle Leikem Last IS. MOTHER'S MAIDEN NAME First Middle Last
L	JOSEPH MARKET MARY OTT
16	O. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no, or unknown) (If yes give war or dates of service)  Address  Address
1	10 TADOST-7535VI DISTERTION ON THE AS TO !!
	1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
	IMMEDIATE CAUSE (0) COLOTROLLE (Valuation)
	Canditions, if ony, which gave )
	rise to immediate cause (a), (b)
	stating the underlying couse DUE 10, OR AS A CONSEQUENCE OF
1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
,	4201
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
TIEL	YES NO CAUSES OF DEATH?
MEDICAL	(If either, natify medical examiner) P.M. 19
JAI.	21d. INJURY OCCURRED While Not while of wark of wark
	220. I certify that (1) (this hospital) attended the deceased from 1-15 1967, to 19-28, 1967, that (1) (we) los
	sow the deceased olive an 1/2-28 1967, and that in (my) (our) opinion death occurred on the date and hour and from the
	causes stated obove, (1) (we) (did) (did nat) view the body ofter deoth.  22b. SIGNATURE  22c. DATE SIGNED
	Islamature  Islamature  Islamature  ATTENDING  DEGREE PHYS.  DIRECTOR   PHYS.   7-6-68
	NAME (Type) HENRYL ME CORKLEMS 220. ADDRESS Phoenix, Mcl 21131
-	a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. + QCATION (City or Town) (County) (State)
1	
K	AYMONDUCURRAN 817 SCAPBETT DR. DATE JAN. 9 1968 POLISHES JUNES
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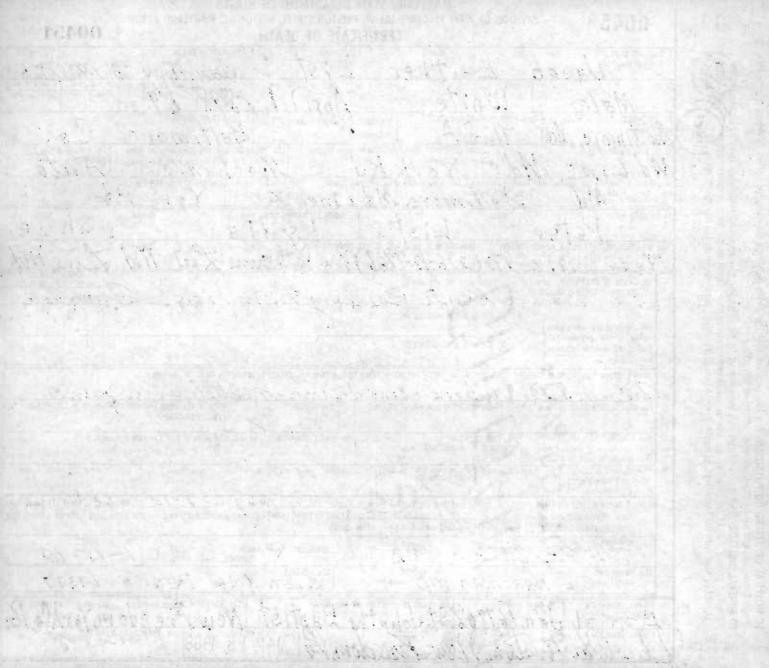
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00451 00448 CERTIFICATE OF DEATH 1. DECEASED-NAME 2a. DATE OF DEATH Middle Last 2b. HOUR deoth. ond (Type or print) LENA EON ANNAL within 72 hours ofter 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) HOURS 24 hours 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH NEVER MARRIED country Russia physician and completely filled in en please remove corbon papers. Randellstown WIDOWED > DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress) during most of working life, even if retired.) Housewife, burial, cremation, ar removal, and in ony event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? odmissian) STATE 13b. (OUNT) 3701 B echle. 14. FATHER'S NAME Lost First 15. MOTHER'S MAIDEN NAME First Middle Lost HARRY FINE ANNA 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknawn) CRESTHEIGHTS RD. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH MYUCARDIAL INFARCTION ZWKS RTERIOSCLEROTIC CARDIOVASCULAR DISEASE Canditians, if any, which gave) burial-tronsit rise to immediate cause (a) DUE TO OR AS A CONSEQUENCE OF stating the underlying cause MELLITUS ATBETES PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day P.M. (If either, notify medical exominer) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at wark 220. I certify that (I) (this hospital) attended the deceased from DeC, 19, 1967, to JN-7, 1968, that (I) (we) last saw the deceased glive on 1968, and that in (my) (our) opinion death occurred an the date and hour and fram the es stoted about, (I) (we) (did) (did nat) view the body after death. 22b/SIGNAT . DATE SIGNED DEGREE PHYS. DIRECTOR PHYS. 22e. ADDRESS PHYSICIAN NAME (Type) 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23a. BURIAL, CREMATION, BURIAL (Specify) BETH YEHUDA ANSHE KURLAND BALTIMORE. MARYLAND 1-8-68 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR SOL LEVINSON & BROS., 6010 REISTERSTOWN RD. 1968 30M REV. 1/68

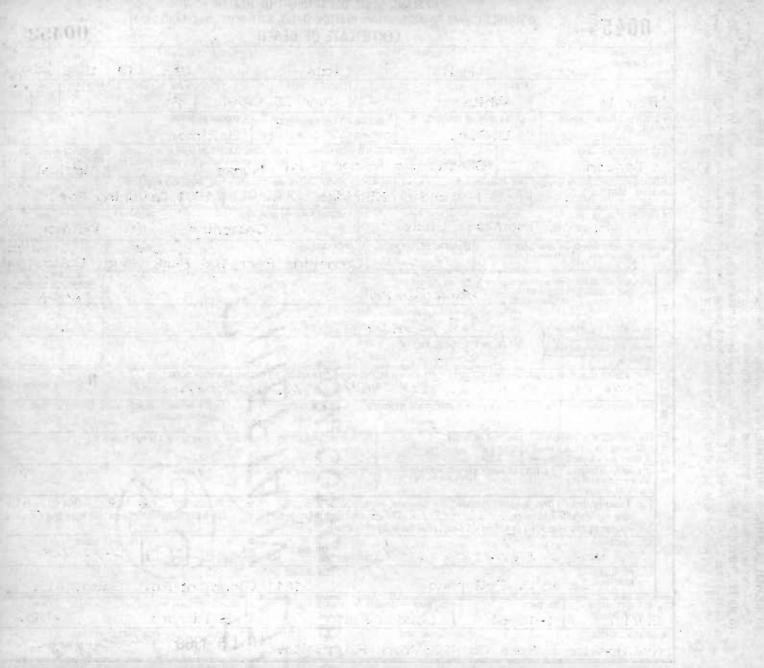
20000 EGN SALVE TENANT EE WALLEY Ch. 7481 /51 And the state of t THE STATE OF The s MOUTE MYCCARDIAL IN FARCEICH FIRE WAS REAL PROPERTY CONTINUE OF THE PROPERTY OF THE DITISIES AND THE STATE OF THE S CHECKIC SENAL WALLUSE TRANSPORT OF THE PROPERTY OF T 8 St. T. may X . To man & St. T. January A. D. C. C. Command A. Command & St. Command IN MINUEL DEVINE SELL GUEN AVE. BALTO. Continued to the control of the party superstrate of the party of the The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00452 00449 CERTIFICATE OF DEATH 1. DECEASED-NAME First Lost 2o. DATE OF DEATH Doy 28 Year 68 (Type or print) EWIS IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years MONTHS OAYS 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED U.S WIDOWED A MORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress)

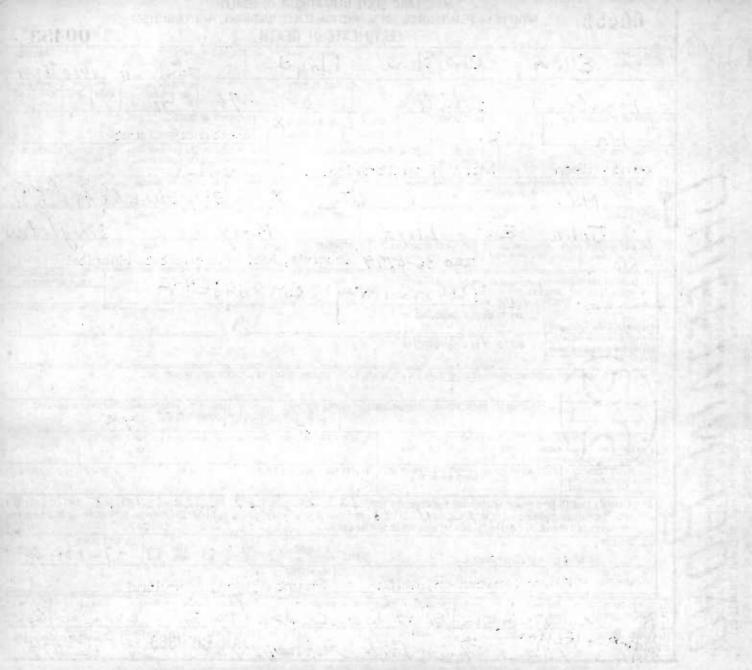
GREATEL during most of workhalife, even if retired. OUSON and in any event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 1/3c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE GREENWA 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Lewis STRAWAY 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT [ (If yes give war or dates of service) Yes, no, or unknown) burial, crematian, ar removal, APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BETWEEN ONSET AND GEATH Conditions, if ony, which gove ) burial-transit rise to immediate couse (o), DUE TO. OR AS A CONSEQUENCE OF **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 190. DATE OF OPERATION CAUSES OF DEATH? YES X NO T TO FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY Par OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while of work 19 68 to 220. I certify that (I) (this haspital) attended the deceased from... (we) last \_19 68, and that in (my) (our) opinion death occurred an the date and haur and from the 1/28 saw the deceased alive an\_\_\_\_ causes stoted above, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED STAFF ATTENDING PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS (FBMC NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, (County) REMONAL (Specify) 1/31/68 Bethany Baptist Cemetery Callao, Va. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Charles 30M REV. 1/68 Wm. Cook-Brooks Towson 1050 York Rd. 21204 DATEFEB

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		MARYLAND STATE DEPARTMENT OF HEALTH	
		10455 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
VAR		CERTIFICATE OF DEATH	00453
		CEASED-NAME Print Ellen Chrustine Lost 20. DATE OF DEATH  Month Day	2b. HOUR
1	(1	ype or print) Ellen Christine Lloyd Jan. 11	1968 8:10PM
	3. SE	and the birthday	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
l		remale   While   5-2-16 71 YRS.	MONTHS DATS HOURS MINT.
١	7o. E	SIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
l		Mol.   Milowed Divorced Baltimore Count	
l		ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
		Mount Wilson   during most of working life, even if retired.)  Mt. Wilson State Hosp.   during most of working life, even if retired.)  Wilson State Hosp.   during most of working life, even if retired.)	7
		Sisson) STATE Md. 13b. COUNTY City YES NO 3316 Ellersl	An Balto.
ŀ	14 [	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost Lost
		John E. Havd Mary	Cinalitan
ł		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	3.10 914 1014
ı	Y	es, no, or unknown) (If yes give war or dates of service) 230-36-0779 Records, Mt. Wilson State Ho	
i		18. CAUSE OF DEATH (Enter only one cause per fire- (or (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	
		4924 DUE TO, OR AS A CONSEQUENCE OF	
		Canditións, if ony, which gave (b)	
		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
ı		DST. (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)	
1		5 ) 7 /	
1	VIION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
ı	CERTIFICATION	YES NO CAUSES OF DEATH?	3
		210. ACCIDENT WAS UNDERLYING   216. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Port 2, In	tern 18.)
	MEDICAL	□ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Month Day Year  (If either, notify medical examiner) P.M. 19	
	ME	21d INJURY OCCUPRED 21e PLACE DE INJURY LATHOME FARM STREET, FACTORY 1 21f LOCATION Street of P.E.D. No.	County State
		White Not while at wark of wark	1 62 d + 10 1 + 1
		22a. I certify that (1) (this haspital) attended the deceased from 12-22, 1967, ta 3am. 1/19 saw the deceased alive an 1/1968, and that in (my) (aur) apinian death occurred an the dat	te and have and from the
		causes stated abave, (I) (we) (did) (did nat) view the bady after death.	e una nati una nati me
			ATE SIGNED
		OFFICE PHYS. DIRECTOR PHYS.	1-12-68
		22d. PHYSICIAN'S NAME (Type) William Newcomer, M.D.  22e. ADDRESS Mount Wilson, Maryland	
	220	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
	230.	REMOVAL (Specify)	rke fa.
	24.	FUNKRAL DIRECTOR ( 150 ) ADDRESS (250. RECD BY REGISTRAR (150 ) ADDRESS (250. RECD BY REGISTRAR) AD	SIGNATURY QUILLE
1		Home Delto Ca DATE // 12 AN 680 1908	0



MARYLAND STATE DEPARTMENT OF HEALTH

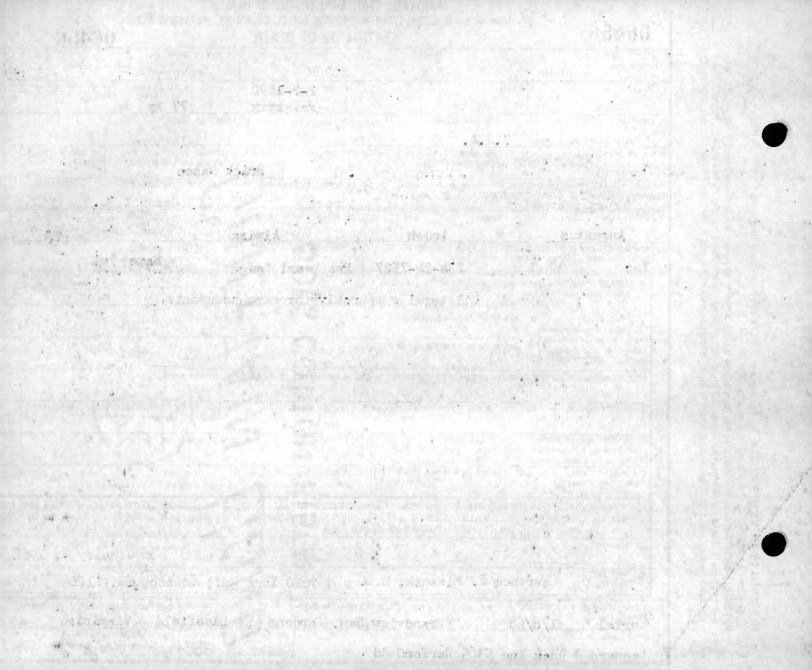
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MARYLAND STATE DEPARTMENT OF HEALTH

00455 Land Company of the C THE WORLD WITH LINES SHOW

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00458 CERTIFICATE OF DEATH 00456 and 2 DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR death. Uneral (Type or print) Month Wade LOUGH January 12:30 ofter ( 6. AGE (In years IF UNDER 1 YEAR the attending physician and campletely filled in by the Ma sit permit. Then please remave carban papers. Pages L 3. SEX 4. RACE S. DATE OF BIRTH 890 IF UNDER 24 HRS. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after last birthdaγ) SHTROM DAYS HOURS Male White 2×2×2×2 hours 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED U.S.A. WIDOWED [ DIVORCED [ West Virginia Baltimore within 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY 5 Towson Joseph Hospital Brick Mason event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY YES NO IX 03 Baltimore 8119 Conduit Maryland in any 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Last Augustus B Lough Almira crematian, ar remaval, and Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) I (If yes give war or dates of service) Same WW 7 231-21-7527 Mrs Pearl Lough APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Bilateral suppurative broncho-pneumonia. DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove ) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause burial, c PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the TO FUNERAL DIRECTOR: After this certificate has been 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO T for use Health r by the haspital or 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH Month Doy Year HOUR A.M. (If either, natify medical examiner) <del>j</del>o P.M. detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 22a. I certify that (this hospital) ottended the deceased from November 29, 1967, to January 41968, that (A) (we) last sow the deceased olive on January 4. 1968, and that in (my) (our) opinion death occurred on the date and hour and from the shauld be retained director, page 3 shauld shauld be filed with the causes stated obave, (I) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR K January 4. 1968 DEGREE PHYS. PHYSICIAN'S Lawrence F. Misanik, M.D. 7620 York Rd., Towson, Md. 21204 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) 1/8/68 Grandview Mem. Gardens Bluefield Virginia 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 1968 scharles 30M REV, 1/68 Leonard J Ruck Inc 5305 Harford Rd DATA N

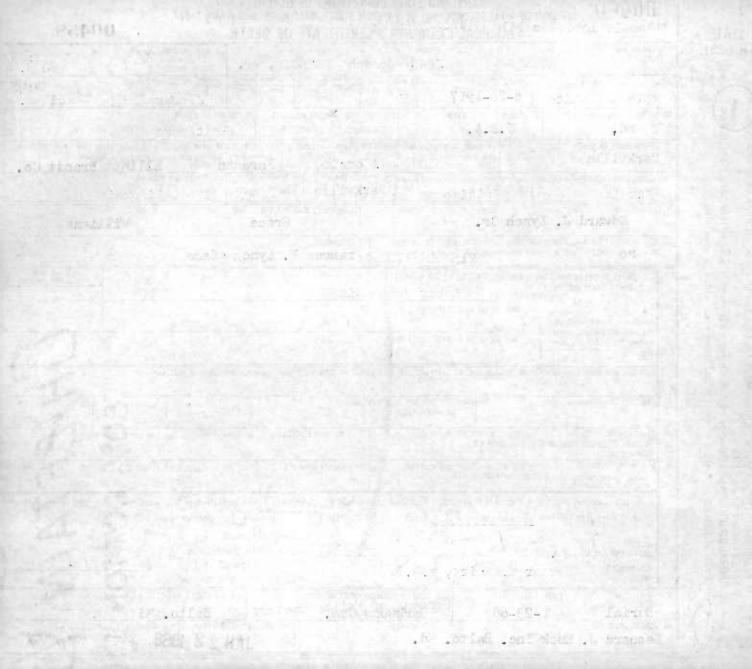
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00457 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME Middle 20. DATE KNOWN Month Doy Yeor 2b. HOUR (Type or Print) P. JOSEPH 1:30A LOWRY Jan. 15, 168 Page DEATH MATED ment 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 3 SEX 4. RACE S. DATE OF BIRTH 2d. HOURA Aug. 25, 1925 Jan. Day 15, Year 19 68 1:30 Male White pages I and 2 with the State Depart 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH farm 24 hours ofter death in Item 18. Give Poges 1, country) Maryland U. S. A. Baltimore WIDOWED [ DIVORCED Office along with 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 112b. KIND OF BUSINESS OR during most shwaring life, eventified the in Steel Co. Dundalk Kavanagh Road 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Baltimore 8213 Kavanaghh Road Dundalk ofter 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME Middle Robert Lowry Sr. Stoffel Irma K. hours ADDRESS Md. 21220 17. INFORMAN (Brother) 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. in pencil be executed within 220-14-4658 Mr. John H. Lowry, 502 Crisfield Rd. Balto. Yes no, oAupkonun) 1 9 (13 es aves Li dates of service) File within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY pending SUICIDE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). writing the word certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse \_\_ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) remaval 20. AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? please execute the certificate. YES | NO X 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 3 should HOURAM. PRIMARY OR CONTRIBUTING [ cremation, 68 Shot self in forehead CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. City or Town 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, County foctory, office building, etc.) FUNERAL DIRECTOR: Page 8213 Kavanaugh Road Dundalk Baltimrere.Md. Home 22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection X Inquiry and in my apinian Suicide X, Hamicide death resulted fram: Natural causes Accident Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER 1-15-68 DEPUTY MEDICAL EXAMINER **EXAMINER'S** moy NAME (Type) ADDRESS(Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY

Baltimore National Cem. 50 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) 1/18/68 Baltimore, Md. John J. Duda, 7922 Wise Ave. Dundalk, Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

3	_	00460 tems 1, 16	DIVISION	OF VITAL RE	CORDS, 301	W. PRES	TON STREE	T, BALTI	MORE, M	ARYLA	ND 2120	)1		0.000	
FOR STATE				MEDIC	AL EXAM		CERTIFI		OF DE				_	0458	
Any delay is 2 and 3 to PMS Page HEATH DEBH		ECEASED-NAME Type or Print)	First EDW	ARD	Midd	N/ Jo	-	LYNC		r.	OF I	NOWN A STILL	Month D 1/ 20		3:105 8 p. M
deloy and 3	3. \$		nite	S. DATE OF BIR		6. AGE (In your last birthdo		DAYS	HOURS 24	MIN 2		onounced d		Year 1968	3d: 495R
- 6 0	70.	BIRTHPLACE (State or fo		CITIZEN OF WH		8.	MARRIED A		RIED		Y OF DEAT	Н	20,	1700	р. ш.
after death 8. Give Pages along with for with the State eath.		ITY OR TOWN OF DEAT Parkville		give s	AME OF HOSPITA	or institu	ITION (If not in	a	during r	UAL OCCU most of w	PATION (Ki rorking life	nd of work , even if let	ired.) Il	2b. KIND OF BUNDUSTRY	ISINESS OR
rs after de 18. Give F e alang wi death.		usual residence (wi dairy land	nere deceosed	13b. COUNTY 1	tion: Residence	before 13c.	arkvil	Per	YES NO			AND NUMBER		a	
24 hours in Item 18 r's Office of 18 land 2 v after de ris after de la contraction d	14. [	ATHER'S NAME Edward	J. Ly	nch Sr.		Lost	IS. MOTI	HER'S MAID	en name Grace			Middle	-	liams	st
within 24 n pencil in Examiner's File pages 72 haurs		WAS DECEASED EVER IN ( es, no, premknown)		RCES? or dates of service)	166. SOCIAL SEC 215 O1	URITY NO. 7170	17. INFORM		. Lyn	ch	Same	ADDRESS			
xecuted nding" in Medical B permit. I		18. CAUSE OF DEATH	WAS CAUSED B IMMEDIATE	CAUSE (o)		Pneu	monia							APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
certificate shauld be e writing the ward "per srwarded ta the Chief I used as a burial-transit maval, and in any ever		Conditions, if ony, which is to immediate constanting the underlying lost.	ng couse	(c)	AS A CONSEQUE										
ertificate writing the warded to warded to see as a see as a law and ward, and	NC	PART 2. OTHER SIGNIFI 490 X		ONS CONTRIBUTI		Herri		RMINAL DI	SEASE OR CO	NOITION	GIVEN IN PA	ART I(o)			
	CERTIFICATION	190. DATE OF OPERATI	ON		19b. CONDITION WAS PERF		OPERATION							20. AUTOPS	
/	MEDICAL CER	210. EXTERNAL CAUSE PRIMARY [ OR CONT CAUSE OF DEATH		21b. TIME OF HOUR A.I P.I		oy, Yeor 19	21c. HOW I	NJURY OCC	URRED (Ente	er noture	of injury in	Port 1 or P	ort 2, Item	18.)	12-7
3 S and a share in the interior	MEI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		CE OF INJURY (A	At home, form, : g, etc.)	treet,	21f. LOCATIO	ON Street o	r R.F.D. No.		City or 1	Гоwп		County	Stote
TO DEPUTY SICAL EXAMINER: necessary, please execute the cert the funeral director. Page 4 shouls 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 shou		22a. I certif death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type)	y that I taa d fram: Werne:	r U. Sp	ity, M.	ccident _	], Suicide	CHIEF  A.D. ASSIS  DEPU  ADDI		XAMINER CAL EXAMI	NER X	mined mo	b. DATE SIG		my apinian
5 = + 2 E		BURIAL, CREMATION, REMOVAL (Specify) BURIAL FUNERAL DIRECTOR	23b. D/	23 <b>–</b> 68	11 2000	ME OF CEME	TERY OR CREM	h Cem	etery			o Md		.,	(Stote)
VR A15ME (S)		Leonard J.	Ruck :	Inc. Ba	lto. Md	110011600			2So. REC'D		2 2 1	256. REGIS	Jec.	GNATURE	ungan



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00459 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR (Type or print) Manth GEORGE LYNCH, JR. JANUARY 68 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 6. AGE (In years offer last birthday) DAYS 5/1/21 NEGRO MALE burial-transit permit. Then please remave carban papers. P&burial, crematian, or remaval, and in any event, within 72 hours filled in by the requires that the death certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED NORTH CAROLINA U.S.A. BALTIMORE COUNTY. DIVORCED [ WIDOWED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) VET ADM. the attending physician and campletely fi isit permit. Then please remave carban AUTOMOBILE FORT HOWARD HOSPITAL 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before /3c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER BALTIMORE CITY YES 🐷 NO [ 1227 N. Patterson Park Ave. BALTIMORE MARYIAND 14. FATHER'S NAME Middle First Middle Last 15. MOTHER'S MAIDEN NAME First LYNCH, SR. GEORGE HA BERTHA HOOD 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no. or unknown) WW II 239 12 90 61 CLIN. RECORDS. VA HOSPITAL, FT HOWARD, MD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: MENINGIOMA, POSTERIOR FOSSA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) BRONCHOPNEUMONIA, BILATERAL 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES 🗍 be detached far use State Dept. af Health this certificate 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY, 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at wark of work

22a. I certify that (1) (this haspital) attended the deseased from 12/15/64 saw the deceased alive an 19/08/19 and that in the and that in (any) (our) apinion deoth occurred an the date and hour and from the causes stoted above, (1) (we) (did) (did not) view the body ofter death.

> ATTENDING DEGREE PHYS. 22e. ADDRESS

BALTIMORE, NATIONAL

MED. DIRECTOR

22c. DATE SIGNED 1/16/68

22d. PHYSICIANS NAME (Type) 23a. BURIAL, CREMATION

REMOVAL (Specify)

22b. SIGNATURE

JOHN D. TALBERT, M. D. 23c. NAME OF CEMETERY OR CREMATORY

23b, DATE

VAH FORT HOWARD, MARYLAND

23d. LOCATION (City or Town) BALTIMORE, MD.

1/16/68 19

(County) (State)

O FUNERAL DIRECTOR: After director, page 3 shauld be filed v BURTAT.

24. FUNERAL DIRECTOR

GIOVER FUNERAL HOME AN 1701 N. Patterson Park Ave.

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20:31 10 at Amerika	.80. ( \$ .20 )		
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1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
i Sal h		00462 CERTIFICATE OF DEATH
death.	1.	PLACE DF DEATH a. CDUNTY b. COUNTY D. COUNTY D
after after	-	b. CITY OR TDWN (If outside corporate limits,   c. LENGTH OF STAY IN 1b   c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)
hours Page		Write RURAL and give nearest town)  Batto.
7256	0	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d. STREET ADDRESS  e. IS RESIDENCE DN A FARM?
rithin 24 etely fil bon page, within	3.	NAME OF First Middle Last 4. DATE Month Day Year
completely ve carbon event, with		DECEASED (Type or print) PALMER LYNN DEATH 1968
The law requires that the death certificate be executed within or attending physician.  cate has been signed by the attending physician and completely ruse as the burial-transit permit. Then please remove carbon peatth prior to burial, cremation, or removal, and in any event, with	5.	Male Will to Windows Day Day 19 1918 (last birthday) Months Deys Hours Min.
an and e remo	1Da	BUSUALDCCUPATION (GIVe kind of work done 10b. KIND DF BUSINESS DR Ing most of working life, even if retired)   NDUSTRY   11. BIRTHPLACE (County & State, or ffreign country)   12. CITIZEN OF WHAT COUNTRY?
cate be physician please ral, and ir		TEACHER EDUCATION ROARING SPRINGS, PA VISIA.
certifica nding ph Then removal	13.	DAVID A. LYNN 14. MOTHER'S MAIDEN NAME  MALISSA PRICE
eath certific attending p ermit. Then m, or remov	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address sp. op. or unkown) (lifyes pive war or dates of service)
death e att oermi	7	185 W.W.II 114-16-8363 MRS. MARG. LYNN BALTO. IN D.
uires that the death ce g physician. n signed by the attend burial-transit permit. burial, cremation, or re		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH
that ician ned I I-trai		410 9 DUE TD - + 10 1 The Constitution of the
ires phys phys puriging purision purisi		Conditions, If any, which all the felential Carlle I askelled More
requi		cause (a), stating the DUE TD
law re attendii has be se as th h prior	LION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  19. WAS AUTOPSY PERFORMED?
V: The I tal or at ificate I for use Health	FICAT	4201 YES [] ND [X
of driting AN	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC) the hos this ce detache e Dept.	MEDICAL	2Dc. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 2De. PLACE OF INJURY (Home, farm, 4 County) (State)  Hour a.m. While Not While State)
DING PI ed by th After t d be de e State	ME	p.m. 19 at work st work
TTEND etained strong should ith the		21. I certify that (I) (this hospital) attended the deceased from 19, to 19, to 19, to 19, that (I) (we) last saw the deceased aliye on 19, 3, and that death occurred at 19, mm the causes and on the date stated above.
OR ATTENDING be retained by INFECTOR: Aften e 3 should be		22a SIGNATURE 22b. DATE SIGNED MED. STAFF 22b. DATE SIGNED DIRECTOR PHYS. 1/3/68
may be RAL DIR y page filed		22c. PHYSICIAN'S NAME (Type) A DO DIRECTOR DIREC
O HOSPITAL Page 4 may O FUNERAL director, pa	238	a minor of y y civily is the contraction of the
Pa To F	1	REMOVAL (Specify) 1/8/68 Alto-Rest Cem Allegheun y Township, Pa-
VD A3E (A)	34	A Think is a state of the said and a said an
VR A15 (4) 15M 4-64	401	M. J. Sickney & Sono N. 4 Pa. Wes   JAN 8 1968   Journes Judges

Present 55 - Proper sales our for 4 cof therm #8 3 THE STATE OF THE PARTY OF THE P DAWG A LYNN MELISSA PRICE THE STATE OF THE S

10	00463	DIVISION OF VITA	MAKYLAND S L RECORDS, 301				AND 21201			
FOR STATE	00200		DICAL EXAM					00	461	
HEALTH DEPT.	DECEASED-NAME     (Type or Print)	First	Midd	le	Last		2a. DATE KNOWN M	anth Day	Year 2b. HC	)UR
Page 3 to		ELIZABETH			MAEZULI		DEATH MATED .	22	19 68 ,9 :	
deloy and 3 M3 Po	3. SEX 4. R.	1-13	F BIRTH -1912	6. AGE (In years last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	2c. DATE PRONOUNCED DE	Year	2d. HC	
224	Female 7  7a. BIRTHPLACE (State or f	White	F WHAT COUNTRY?	56 YRS.	RRIED NEVER MAR	0150	January 2	2	19 68 9:3	OH
- 8 -0	country) Baltimo	ore U. Clizza of	J.S.A.	A 100 PM			Baltimore			Md
E 8 10 /	10. CITY OR TOWN OF DEA		1. NAME OF HOSPITAL		(If nat in haspital	12a. USUAL OC	CUPATION (Kind of work of		O OF BUSINESS OF	
fter de Give P ong wi th the th.	Glenar	n	give street oddress)	Manor			syerking file even if retir	ed.) INDUSTRY		
s ofter death 18. Give Pog 18. Give Pog 2 with the Sta death.	13o. USUAL RESIDENCE (Wadmission) STATE	here deceased lived, if it 13b. COUN	nstitutian: Residence TY	before 13c. CITY			13e. STREET AND NUMBER			
hours Item 18 Office office ofter do	Md .	B€	1timore	Lost	15. MOTHER'S MAID	YES NO First	247-50 Mai	or Rd.		
Hour Item Office Office ofter	John E. (	Brian "	iddie	(03)	Elizab	eth Leib	augh		Lost	
hin 24 ncil in niner's poges hours	160. WAS DECEASED EVER IN		16b. SOCIAL SECU	JRITY NO. 1	7. INFORMANT		ADDRESS			_
within n pencil Examine File pog	(Yes, na, ar unknown)	(If yes give war or dates of ser	212-03	-2942	Margueri	te D. Mc	Manus, 118 E			:04
led all Est	18. CAUSE OF DEA	TH (Enter anly one cause   WAS CAUSED BY:	per line far (a), (b), a	nd (c).)					PROXIMATE INTERVAL WEEN ONSET AND DEATI	Н
be executed "pending" in ite Medical E onsit permit. Fevent within	11/26	IMMEDIATE CAUSE (a).			ic Cardio	vascular	Disease			_
e ey pen ef M nsit	Conditions, if ony, w	which gove 1	, OR AS A CONSEQUE	NCE OF						
ould by vord of the China al-tronany e	rise to immediate		, OR AS A CONSEQUE	NCE OF						
should be e ne word "per o the Chief burial-tronsit in any ever	last.	) (c).								
nd t t	PART 2. OTHER SIGNII	FICANT CONDITIONS CONTR	IBUTING TO DEATH BU	JT NOT RELATED	TO THE TERMINAL DIS	SEASE OR CONDITIO	N GIVEN IN PART 1(a)			
certifica orwardec used os moval, a	19g. DATE OF OPERA	TION	19h CONDITION	FOR WHICH OPE	PATION			20	AUTOPSY?	_
his ce ate, w e forv be us	19a. DATE OF OPERA		WAS PERFO						YES NO [	7
This ficate, I be for or rer	21g. EXTERNAL CAUSE		E OF INJURY Month, De	oy, Yeor 2	Ic. HOW INJURY OCC	URRED (Enter notur	e of injury in Port 1 or Po			
certification by the state of t	PRIMARY OR CON CAUSE OF DEATH 21d. INJURY OCCURRE		JR A.M. P.M.	19						
the the 4 st ur fi ye 3 ema	WHILE NOT WHI	1 . 11. 1	RY (At home, farm, s uilding, etc.)	treet, 2	If. LOCATION Street o	r R.F.D. No.	City or Town	County	Stat	е
JICAL EXAMINER: Sleose execute the certi director. Page 4 should etoined for your files. DIRECTOR: Page 3 shoul or to burial, cremation,			-f Al 1		hall and Artic		* 🗆		1.1	
cal E exect or. Po d for TOR:	death resulte	ify that I taak charge		cident .	Suicide .	-	pectian, Inquir Undetermined mai		id in my apin	lan
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A TO STATE	ACTUAL SIGNATURE	anong	4-1	VIVS	M.D. ASSIS	STANT MEDICAL EXA	MINER 22b.	DATE SIGNED	22, 196	58
	EXAMINER'S NAME (Type)				4001	TY MEDICAL EXAMII RESS(Street, city, to	VER	January	,	_
TO DEPU necessa the fun 5 may 10 FUNE Heolth	23a. BURIAL, CREMATION,	Edward I	Wilson 23c. NA	ME DE TEMPTERY	OR CREMATORY		LOCATION (City or Town)	(Caunty)	(State)	-
	REMBVALLS Tegin	Jan. 25		Lorraine			odlawn, Bal		, ,	
A.	24. FUNERAL DIRECTOR			ADDRESS		2Sa. REC'D BY REG	SISTRAR 25b. REGIST	RAR'S SIGNATUR	Ŀ	
VR A15ME (5)	Wm. Cook	-Brooks Tow	son, Tpws	on, Md.	21204	DATE JAN 2	5 1968 200	worles !	udge	

11-1-11-11 

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00464 CERTIFICATE OF DEATH 00462 DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR and (Type or print) Month Elizabeth MARINO Anna 9 A. M January after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNGER 24 HRS. IF UNDER 1 YEAR The law requires that the death certificate be executed within 24 haurs after the attending physician and campletely filled in by the first permit. Then please remave carban papers. Pages nation, or remaval, and in any event, within 72 haurs after last birthdoy) MONTHS DAYS HOURS Female White September 1,1883 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Baltimore Maryland

1D. CITY OR TOWN OF DEATH WIDOWED T DIVORCED | 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address ST. JOSEPH HOSPITAL during mast of warking life, even if retired.)
Homemaker **INDUSTRY** Towson burial, crematian, or remaval, and in any event, 13a. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before, 13c. CITY OR TOWN 13e. STREET AND NUMBER demission) STATE 13b. COUNTY Carroll YES NO Lusby 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First/ Middle Kook 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no, or unknown) | If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pulmonary embolism DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave ) (b) Congestive heart failure rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician.

• FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying cause Arteriosclerotic heart disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 2Da. AUTOPSY? CAUSES OF DEATH? 12/10/67 Gangrene right foot NO | YES DE 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceosed from 12/7/, 19.67, to 1/16/, 19.68, that (I) (we) lost saw the deceased olive an 1/16/, 19.68, and that in (my) (our) opinion death accurred on the date and hour and from the couses stated abave, (I) (we) (did) (did not) view the body after deoth. 22h. SIGNATURE 22c. DATE SIGNED ATTENDING January 16,1968 DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S Lawrence F. Misanik, M.D. NAME (Type) 7620 York Rd., Towson, Md. 21204 23a BURIAL, CREMATION, 23b. /DATE (State) REMOVAL (Specify) FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00465 00463 CERTIFICATE OF DEATH 1. DECEASED-NAME 2a. DATE OF DEATH First Last within 24 hours ofter deoth. (Type or print) Manth 7:00 M Martha Marks 3. SFX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR last birthday) 12/20/8/ Female White and completely filled in by 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED ourioi-iransir permit. Then please remove carbon popers. buriol, cremotion, or removal, ond in ony event, within 72 h. country) WIDOWED X DIVORCED [ Baltimore U.S. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast af warking life, even if retired.) INDUSTRY Catonsville Catonsville Spring Grove State Hospt.

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13a. CITY OR TOWN 13a HOUSEWIFE 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the deoth certificate be executed 13b. COUNTY Baltimore 7147 Fairbrooks Road 14. FATHER'S NAME First Last 1S. MOTHER'S MAIDEN NAME First Middle Middle 16b. SOCIAL SECURITY NO. 17 INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yes give war or dates of service) Records: Spring Grove State Hospital 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial Infarction, acute, death O min. DUE TO, OR AS A CONSEQUENCE OF (b) Hypertensive, Arteriosclerotic C.V.H.D. 10 years signed by the buriol-transit p Canditians, if any, which gave ) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause (a) Arteriosclerosis, Generalized, senile last. 4201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(offection, 3wks. PNEUMONIA, recent(2 wks.ago), treated, imp.; dehydration; penicillin
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to CAUSES OF DEATH? YES 🖂 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) HOUR A.M. Month Day Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work 220. I certify that (1) (this haspital) attended the deceased from 1/3/ , 1968 , to 1/16 , 1968 , that (1) (we) lost sow the deceased alive an 1/16 1968, and that in (1) (aur) apinion death occurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE MED.
DIRECTOR 1-16-68 DEGREE 22e. ADDRESS Catonsville, Md. 21228 224 PHYSICIAN'S NAME (Type) Anthony J. Moung, M.D. Spring Grove State Hospital 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION, 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE WELCOME GROVE

ADDRESS 1 28 Md.

Warsaur Va.

Mclionles Judge.

1968

VR A15 (4) 30M REV. 1/68

E. S. Mac Malls

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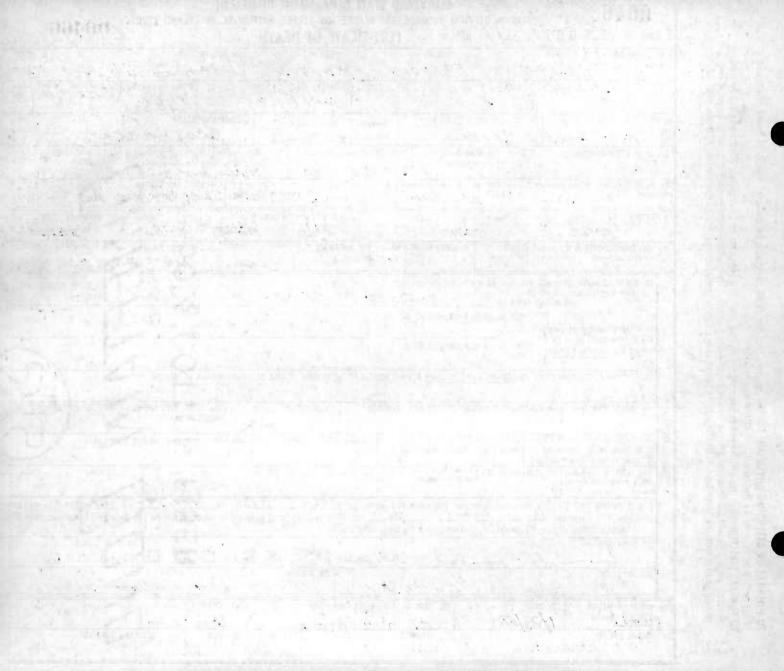
			MARYLAND STATE DEPARTMENT OF HEALTH
7			10466 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1			CERTIFICATE OF DEATH 00464
÷	-7E		ECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR
deol	De la constant	(	Type or print) Charles Frances Marshall Month Doy Year 240 P
- Ja	348	3. 5	EX 4. RACE 5. DATE OF BIRTH 6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
s aft	s g he		Male cau, G-3-08 lost birthday) RS. MONTHS DAYS HOURS MIN
OUL	20 8	7a.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
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in 2	# B E	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS ORS
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pa	olete corl ent,		TOO. STREET AND NOMBER
- to	e e e		Maryland Baitimore PikesVille 154 733 Howard KOA a
exe	remo	14.	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
be	se r din		Maurice Marshall FANNIE UNKNOWN
cate	physicion ( nen pleose tovol, ondi	160	WAS DECEASED EVER IN U.S. ARMED FORCES?  (es no or unknown)   (If yes give wor or dotes of service)   16b. SOCIAL SECURITY NO.   17. INFORMANT   Address
看	phy:	1	(es, na, or unknown) (If yes give wer or dates of service) UNKNOWN admission HISTORY 6701 N. Charles ST
9	em Th		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
eat	physicion. signed by the ottending buriol-tronsit permit. Th burial, cremation, or rem		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIDRESPIRATORY FAILURE
9	off per ion,		DUE TO, OR AS A CONSEQUENCE OF
± ±	the nsit mat		Conditions, if any, which gave rise to immediate cause (a). (b) METASTAGES CARCINOMA, LUNG
₹	by tror cre		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
ires	ysici ned rial- rial,		lost. (c)
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	spital or attending phertificate has been signed for use os the bured the difficult of Health prior to bured.	Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)
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The	th p th p	RTIF	YES NO CAUSES OF DEATH?
ä	l or cote or u deal		21o. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
2	pita rriffi of f	MEDICAL	(If either, natify medical examiner) P.M. 19
PHYS	Poge 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Health	W	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State at work
NG NG	be d tote		220. I certify that (I) (this hospital) attended the deceased from 1968, to 1-1+, 1968, that (I) (we) los sow the deceased alive on 1968, and that in (my) (our) opinion death occurred on the date and hour and from the
S	ed led lid k	Н	sow the deceased alive on 19 (3), and that in (my) (our) opinion death accurred on the date and hour and from the courses stated above, (I) (we) ((did) (did not) view the body ofter death.
	Ton Ton Thou Th ti		22b. SIGNATURE 22b. S
S S	DIRECTOR: A DIRECTOR: A se 3 should ed with the		MED. STAFF WILLIAM W. D. DEGREE PHYS. DIRECTOR DIRECTOR PHYS. W. 17-1968
AL O	L Di		22d. PHYSICIANS 12 D. C. C. L. S. L.
TO HOSPITAL OR ATTENDING	Poge 4 may  D FUNERAL  director, pogshould be fi	-	NAME (Type) MANUEL V. GRICHALIAN 600 W. Charles XX, Dallo Co.MI
2	Be lirect hould	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
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	VR A13 (4) 30M REV. 1368	24.	FUNERAL DIRECTOR  25a. REC'D BY REGISTRAR S SIGNATURE  25b. REGISTRAR S SIGNATURE  25b. REGISTRAR S SIGNATURE
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	hours after hours after		Male	White	1-10-9	TKS.	
	hou you		7o. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH Balto.	
	in 24 ha illed in papers. hin 72 ha	-	Balto. Md.  O. CITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED NSTITUTION (If not in hospital 120.	USUAL OCCUPATION (Kind of work done	Md.
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs a be retained by the haspital ar attending physician.  SIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the e 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Page ed with the State Dept. at Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs at	10		give street oddress)	duri	ng most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
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	omp ve c eve	23	admission) STATE MD.	Balto.	Garrison ills YES	No Walley Rd.	
	and comprements of any even		14. FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NA		Lost
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	certificate be exe physician and c hen please remo naval, and in any		16a. WAS DECEASED EVER IN U.S. A Yes, no, or unknown) (If yes give	ve war or dates of service)		Address	
	phy en aval		Yes W.W.	I. 216-03-39		arshall Garrison	APPROXIMATE INTERVAL
	iat the death cer / the attending p nsit permit. The		1B. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per line for (a), (b), and (	11) +		BETWEEN ONSET AND DEATH
	attendir permit. ian, ar re	- 1	1/7 A IMME	DIATE CAUSE (o)	· Inatal	<u> </u>	12 mulls
	e at per		Conditions, if any, which gav	DUE TO, OR AS A CONSEQUENCE O	F		
	of the substantial		rise to immediate cause (a	(b)	<u> </u>		
	equires that the death certificate be exect physician. signed by the attending physician and compured burial-transit permit. Then please remainburial, crematian, ar remaval, and in any		stoting the underlying cous	e) DOE TO, OK AS A CONSEQUENCE O			
	quire ohys igne ourio		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PART 1(a)	
	v recing penson		a c	Mis Scher			
	endi endi s be as t		3 - 1	b. CONDITION FOR WHICH OPERATION WAS I		20b. IF YES, WERE FINDINGS ( CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
	The att	3	HE 9/10/67	ca. Tracked		10 2	
	AN: ol ol icate for t	of-		EATH HOUR A.M. Manth Day Yea		(Enter nature of injury in Part 1 ar Port 2,	Item 18.)
	SIC Ispit ertif ed bed t. of		首 (If either, natify medical exa	miner) P.M.	19 216 LOCATION Street or D.E.	D. Na. City or Town	County State
	PHY e ho his c his c tack Dep		While Not while at wark of work	Te. PLACE OF INJURY (AT HOME, FARM, STREET, I OFFICE BUILDING, ETC.	211. LOCATION SHEET OF K.F.	D. No. CITY OF TOWIT	County Stole
	NG y th y th e de de de		22a. I certify that (1) &	this hospital) attended the decea	sed from 3/6/33	19 33 to Jan 29 19	68 , that (1) (we) last
	NDI ed b ed b ld b ld b	23	saw the deceased	alive an 29	1968, and that in (my) (our	19_52, to, 19 7 apinian death accurred an the do	ate and haur and fram the
	TOR TOR		226. SIGNATURE	ve, (I) ( (did nat) view the	e bady after death.	224	DATE SIGNED
	DR / BREC 3 s 3 s d wij		(Colores VI	Willean	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS. D	an 31.68
	AL C L Di L Di file		22d. PHYSICIAN'S		122e ADDRESS	1	
	SPITAL OR ATTENDING PHYSICIAN: The law requires the 4 may be retained by the haspital ar attending physician. IERAL DIRECTOR: After this certificate has been signed by ar, page 3 should be detached far use as the burial-trarled be filed with the State Dept. at Health priar to burial, cre		NAME (Type) D	r. Palmer F.C.W	illiams	Owings Mills, Mo	l.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to		230. BURIAL, CREMATION, 23		F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	5 5 5 2	K	REMOVAL (Specify) Burial	2/1/68 St.	Thomas !	Garrison For	est. Md.
	VR A15 (4)	5	24. FUNERAL DIRECTOR H. W. Jenki	2/1/66 St.  ns & Sons Co. 4  Balto.12	905 York Rd. 250. RI	ECID BY REGISTRAR 25b. REGISTRAR'S	arles Judge
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00466 tem 6 Film G397 1/31/68 kk CERTIFICATE OF DEATH DECEASED-NAME First Middle 2g. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death. (Type or print) FRANCIS MANTIN 1120AM 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH last birthday) the MAY11 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED BALTIMORE WIDOWED T DIVORCED [ vuriai-iransir permir. Then please remave carban paper burial, crematian, arremaval, and in any event, within 72 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast af warking life, even if retired.) give street address) INDUSTRY TOUSON 13d. INSIDE CITY LIMITS? 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e. STREET AND NUMBER YES NO DE BALTIMONE BALTIMONE 206 RICK-E 14 FATHER'S NAME First Middle last IS MOTHER'S MAIDEN NAME First Dawson 100 roe 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) 213-05-9256-0 206 RIDGE RO. PAUCHTER IN LAW. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH CARCINOMA 141. IMMEDIATE CAUSE (a) \_\_\_ DUE TO, OR AS A CONSEQUENCE OF signed by the c burial-transit p Canditions, if any, which gave rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been be detached far use as the State Dept. af Health priar ta 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO [ O FUNERAL DIRECTOR: After this certificate 4 may be retained by the haspital ar 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at work 22a. I certify that (I) (this haspital) attended the deceosed from  $\sqrt{ULY}$ , 19/6Z, to  $\sqrt{AUQ}$ , 19, that (I) (we) lost saw the deceosed alive an  $\sqrt{AUQ}$ ,  $\sqrt{AUQ}$ , and that in (my) (aur) apinion death accurred on the date and haur and from the director, page 3 shauld should be filed with the causes stated obove, (1) (we) (did) (did not) view the body after deoth. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR MO, DEGREE PHYS. 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) LOCH RAVEN OMAN 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Green Comotonii **ADDRESS** REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Michaeles John Burns Sons Lowson 30M REV. 1/68



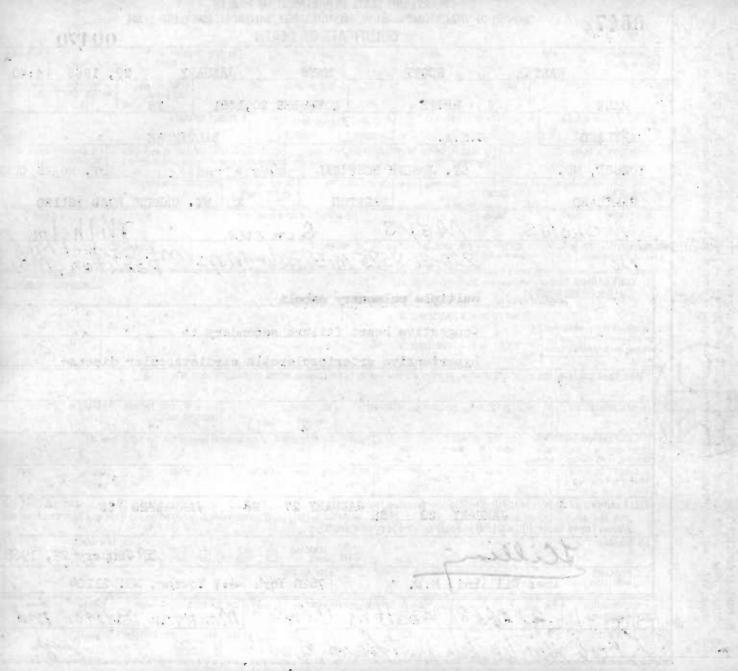
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00462 CERTIFICATE OF DEATH First 1. DECEASED-NAME 2a. DATE OF DEATH (Type ar print) Month Adam HENRY MATEY January 6. AGE (In years last birthday) 75 YRS. 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR MONTHS 1 DAYS Male White August 1. 1892 law requires that the death certificate be executed within 24 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED THE NEVER MARRIED country) Baltimore WIDOWED [7] DIVORCED T Maryl and 10. CITY OR TOWN OF DEATH by the attending physician ond completely filled ransit permit. Then please remove corbon page 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done event, within 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Towson SALESMAN 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY BAITINORE YES NO NO Baltimore 8508 Bassett Rd 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First John MATEV ANNA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) 8508 216.05.8669 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: Cerebral hemorrhage IMMEDIATE CAUSE (a) buriol, crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) Generalized arteriosclerosis burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been d for use as the of Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO EX 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE DF DEATH (If either, natify medical examiner) HOUR A.M. Month Doy Yeor P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. director, page 3 should be detache should be filed with the State Dept. City or Town Stote County While Not while at wark 22a. I certify that (X) (this haspital) attended the deceased fram 1/6/, 19 68, ta 1/22/, 19 68, that (X) (we) last saw, the deceased alive an 1/22/, 19 68, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above. (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR January 22, 1968 DEGREE 22e. ADDRESS 22d. PHYSICIANS Jaime Singzon, M.D. 7620 York Rd., Towson, Md. 21204 23a. BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (County) BAITINGRE 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) DATE JAN 25 1968 1211 CAESACO. AVE 30M REV. 1/68

MAKYLAND STATE DEPARTMENT OF HEALTH

MARTLAND STATE DEPARTMENT OF HEALTH	
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UP ESTI-	27 1968 5:30
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Mala Calared 9/22/16 last birthday) MonThs Days Hours Min. Month Day 27	Year 1968 5:30%
76. BIRTHPLACE (Stote or foreign 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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Md.   Balto.   Balto.   4213 SCHWALL	z Ave.
T. A. Tanin	LOSI
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	Buor.
(Yes, no, ar unknown) (If yes give war or doles of gentle) 15-12-1494 monte Maynon-625 & Han	over St.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia	
4867 DUBJENOR WAXDUSERIEN CHOK	
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(c)	
1 4 9 2 X	
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
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CAUSE OF DEATH P.M. 19	
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ACTUAL PARTY OF THE PROPERTY O	SIGNED
SIGNATURE AND	nuary 28, 1968
NAME (Type) EdwardE Wilson M.D. ADDRESS(Street, city, tawn, or county)	
23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
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Ministration in the state of th	0
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201   MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		1				ND STATE DEPARTMENT				
2				00471	DIVISION OF VITAL RECORDS			LAND 21201	1400	
		H		00282		CERTIFICATE OF DEA	ATH	O.f.	1463	
	= = = =			CEASED-NAME First ype or print)	Middle	Lost	20. DATE OF DE		1 Ca V	2b. HOUR
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	THE PROPERTY.			Fe	white	11-30	0-1876	9 YRS.	NIMS DATS	HOURS MIN
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	and comp	u	14. F	ATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN	NAME First	Middle		
	be n al	7		HENRY		nn	MARY		Reim	old
	cate sicio sicio olea an			WAS DECEASED EVER IN U.S. ARM es, no, or unknown)   (If yes give w				Address		
	ohys en p			NO	ar or dates of service} 74-025-5	33 Records	MARYLAND 1.	MASONIC H	omES	
	e death certificate b attending physician bermit. Then please an, ar remaval, and i			1B. CAUSE OF DEATH (Enter on	ly one couse per line for (4), (b), and (c	HA + 1/	, ,	0	APPROXIMA BETWEEN DNS	TE INTERVAL ET AND DEATH
	eath endi nit. ar r		16	PART I. DEATH WAS CAUSED IMMEDIA	ATE CAUSE (0) 4 leta	sall Care	eyour to	Draw		
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	t the sit nati			Conditions, if ony, which gove rise to immediate couse (o),	(b)	y Carlingma	* Weart	It		
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	sici sici sid-t			lost.	(c)	, Deling ne	n Ila	leral		
	equires that the physician. signed by the c burial-transit p burial, crematian		9.5	PART 2. OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN I	N PART 1(o)		III.
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	The att	A	RTIFI	F-1 1 - 144 - 1		YES 🗌	NO []			7-7
	AN: al al icate far (			210. ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE OF DEAT		21c. HOW INJURY OCCURRED	(Enter noture of injury i	n Port 1 or Port 2, Item	18.)	
	Signature of the office of the		MEDICAL	(If either, notify medical examination	ner) P.M.	19				
	by the haspit fter this certif be detached State Dept. af		×	21d. INJURY OCCURRED 21e. While Not while	PLACE OF INJURY ( AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACTORY,) 21f. LOCATION Street or R	.F.D. No. City or	Town	County	Stote
	the det			at work — of work —		1001		. 20	_	
	by by Sta Sta			220. I certify that (I) (th	is hospital oftended the deceo	sed from	, 1965 , to	und, 196	, that (	l) (we) last
	R: /			causes stated abave	live an test (did) (did nat) view the	body after death.	or) opinion death occ	urred on the date	ana nour ai	ia from the
	Stage	71)	14	22b. SIGNATURE			1 /2/0/	22c. DATE	E SIGNED	A.
	OR Served			1	How Mo	DEGREE PHYS.	☐ MED. DIRECTOR ☐	TAFF	29/0	8
	AL D			22d. PHYSICIAN'S		22e. ADDRESS/	OCHO. OV	100 4	n	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compretely illed in director, page 3 shauld be detached for use as the burial-transit permit. Then please remarke carbon papers should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72	-	,	NAME (Type)	ams HID HA	MED.	oureys!	al 171		
	Be 2		23o.	BURIAL, CREMATION, 23b	DATE 23c., NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	(City or Town) (	County)	(Stote)
	O P O P S	2		PEMOVAL (Specify)	6.1.1968 LOR	RAINE CEMETE	Ry Wo	eclawn.	Ma	
	VP A15 G	offe	24.	FUNERAL DIRECTOR	ADDRES	5 - e Red 250.	REC'D BY REGISTRAR	2Sb. REGISTRAR'S SIG	NATURE	
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MARYLAND STATE DEPARTMENT OF HEALTH 00472 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00470 2b. HOUR DECEASED-NAME First Middle 2a. DATE OF DEATH 2 dead 2 requires that the death certificate be executed within 24 hours after death (Type or print) Month 1968 and campletely filled in by the funeral remave carban papers. Pages 1 and in any event, within 72 haurs after deat WALTER JANUARY SCOTT MAYS 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) DAYS MALE WHITE NOVEMBER 20.1891 76 YRS 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED U.S.A. WIDOWED [ DIVORCED [ MARYT AND BALTIMORE 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
ST. JOSEPH HOSPITAL during mast atwarking life, even if retired.) INDUSTRY ST. ROADS COM TOWSON, MD. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE MARYLAND 13b. COUNTY YES NO. PARKTON MT. CARMEL ROAD #21120 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Last please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no arjunknown) (If yes give war or dates of service) or remaval, 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: Multiple pulmonary emboli IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p burial, crematic Canditions, if any, which gave ) (b) Congestive heart failure secondary to rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse (c) hypertensive arteriosclerotic cardiovascular disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the be retained by the haspital ar attending Page 4 may be retained by the haspital or amenuing TO FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) detached far OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Doy (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while at wark 220. I certify that (I) (this haspital) attended the deceased framJANUARY 27, 188, to JANUARY 29 1968, that (I) (we) last saw the deceased alive on JANUARY 29 1968, and that in (my) (our) opinion death occurred on the date and hour and from the shauld be couses stoted obove, (1) (we) (did) (did not) view the body after death. director, page 3 sha shauld be filed with 22c. DATE SIGNED 22b. SIGNATURE STAFF PHYS. ATTENDING MED. DIRECTOR X January 29, 1968 DEGREE 22e ADDRESS 7620 York Rd., Towson, Md. 21204 PHYSICIAN'S Ines Cilliani NAME (Type) 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00473 00471 CERTIFICATE OF DEATH DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR deoth (Type or print) burial-tronsit permit. Then please remove corbon papers. Pages 1 burial, cremation, or removol, and in ony event, within 72 hours offer 3. SEX LE UNGER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years requires that the death certificate be executed within 24 hours after la pintidoy) MONTHS OAYS HOURS 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED ond completely filled in WIDOWED X DIVORCED [ 10. CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of INDUSTRY 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 3d INSIDE CITY LIMITS? 13b. COUNTY NO 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost ottending physicion ( permit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no ocunknown) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARCINOMA DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, if any, which gave ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) FRIUSCLESS STIC director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO [ O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us be retained by the hospital or 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year (If either, natify medical exominer) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from 6 / 19 6 / 1 sow the deceosed olive on\_\_\_\_\_\_\_19 &, and that couses stoted obove, (I) (we) (did) (dig not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. STAFF PHYS. DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town)

RALTIMOR BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 250. RECID BY REGISTRAR VR A15 (4) 30M REV, 1/68 DATE

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## MARYLAND STATE DEPARTMENT OF HEALTH

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requires that the deoth certificate be executed within 24 hours after

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely filled in by the facerol director, page 3 should be detoched for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Heolth prior to buriol, cremotion, or removal, and in any event, within 72 hours after death.

Page 4 moy be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

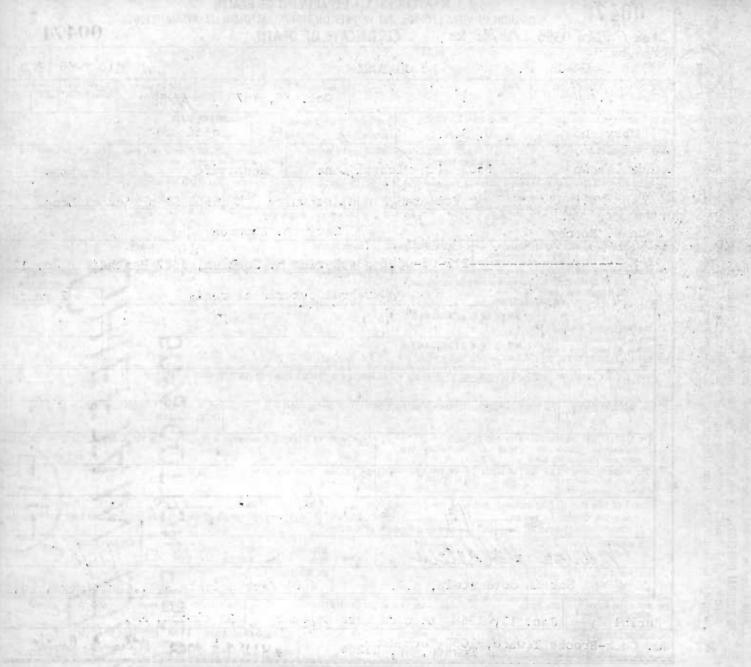
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Ī.			CERTIFICATE OF DEATH		00.11%
	. DECEASED-NAME First		Last	2a. DATE OF DEATH	2b. HOU
	(Type ar print)  Ett	H. McCauley	XXXXXXXXX	January Month 28	Doy 1968eor
3.	. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 H
	female	white	Feb. 2, 18	last birthday)	RS. MONTHS DAYS HOURS A
	o. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
CC	auntry) Md.	U.S.	WIDOWED A DIVORCED	Baltimore	
	O. CITY OR TOWN OF DEATH Catons ville		E STATE HOSP. during n	IAL OCCUPATION (Kind of work do nost of working life, even if retired 15ewife	
	3a. USUAL RESIDENCE (Where deceased deceased)	sed lived, if institution: Residence before			
L	Md.		Balto. YES X	TOSE MOTTO	d Street
14	4. FATHER'S NAME First	Middle Lost	1S. MOTHER'S MAIDEN NAME		Last
L	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
1	60. WAS DECEASED EVER IN U.S. AR! Yes, no, or unknown) (If yes give v	war or dates of service)		Address	
L		213-03-28	B60D Records: SPR	NG GROVE STATE	HOSPITAL APPROXIMATE INTERVAL
	Conditions, if any, which gove nise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	d an l'ens seuse	heart dressis	
1	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH OUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(a)	
lį	4201				
TATOLOG AND	SIIFIO	. CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?  YES NO	CALISES OF DEATHS	S CONSIDERED IN CERTIFYING
	G   OR CONTRIBUTING   CAUSE OF DEA'	HOUR A.M. Month Day Yeor iner) P.M.	9	er noture of injury in Port 1 or Part	2, Item 1B.)
Pich					
ANDRES	While Nat while at work		CTORY,) 21f. LOCATION Street or R.F.D. N		County Stot
	While Not while at work at wark  22a. I certify that (1) (the saw the deceased a	nis haspital) attended the decease alive on 2 3 Au Jeu 26 1 e, (I) (we) (did) (did not) view the	ed from Jan. 14, 19		
	While Not while at work  22a. I certify that (1) (the saw the deceased a causes stated above  22b. SIGNATURE	nis haspital) attended the decease	ed from Jan III , 19 19 and that in (my) (aur) as body after death.  DEGREE ATTENDING DEGREE PHYS.	68, to Gan accurred an the phys.	19 <u>65</u> , that (I) (we) date and haur and fram 2c. DATE SIGNED
a de la companya de l	While Not while at work at wark  22a. I certify that (\$\frac{1}{2}\$) (the saw the deceased a causes stated abave 22b. SIGNATURE	nis haspital) attended the decease alive on 2.35A w fee 18 1 e, (1) (we) (did) (did not) view the	ed from Jan III , 19 19 and that in (my) (aur) as body after death.  DEGREE ATTENDING PHYS.  22e. ADDRESS SPR.	MED. STAFF EDIRECTOR DIRECTOR DIRECTOR STATE CONS VILLE, Md. 2	19 <u>66</u> , that (I) (we) date and haur and fram 2c. DATE SIGNED
	While Not while at work at wark  22a. I certify that (\$\frac{1}{2}\$) (the saw the deceased a causes stated abave 22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type) F V 2230. BURIAL CREMATION, 23b.	nis haspital) attended the decease alive on 35 Au Jan 25 1 e, (1) (we) (did) (did not) view the with the A-Fe/LfP  DATE 23c. NAME OF	ed from Jan . III , 19-19 ; and that in (my) (aur) apbody after death.  DEGREE PHYS.   22e. ADDRESS SPR.   Cat	MED. STAFF SING GROVE STATE  CONS VILLE, Md. 2  23d. LOCATION (City or Town)	19 6, that (I) (we) date and haur and fram  2c. DATE SIGNED  HOSPITAL  1228  (Caunty) (State)
22	While Not while at work at wark  22a. I certify that (\$\frac{1}{2}\$) (the saw the deceased a causes stated abave 22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type) F V 2230. BURIAL CREMATION, 23b.	nis haspital) attended the decease alive on 35 Au Jan 25 1 e, (1) (we) (did) (did not) view the with the A-Fe/LfP  DATE 23c. NAME OF	ed from Jan. III, 19, 19, 19, 20, and that in (my) (aur) applied body after death.  DEGREE PHYS. 22e. ADDRESS SPR. Cat  CEMETERY OR CREMATORY  .ne Park Cemetery	MED. STAFF PHYS. STAFF PHYS. STATE CONS VILLE, Md. 2  23d. LOCATION (City or Town) Woodlawn, Mar	19 6 , that (I) (we date and haur and fram 2c. DATE SIGNED HOSPITAL 1228 (Caunty) (State)

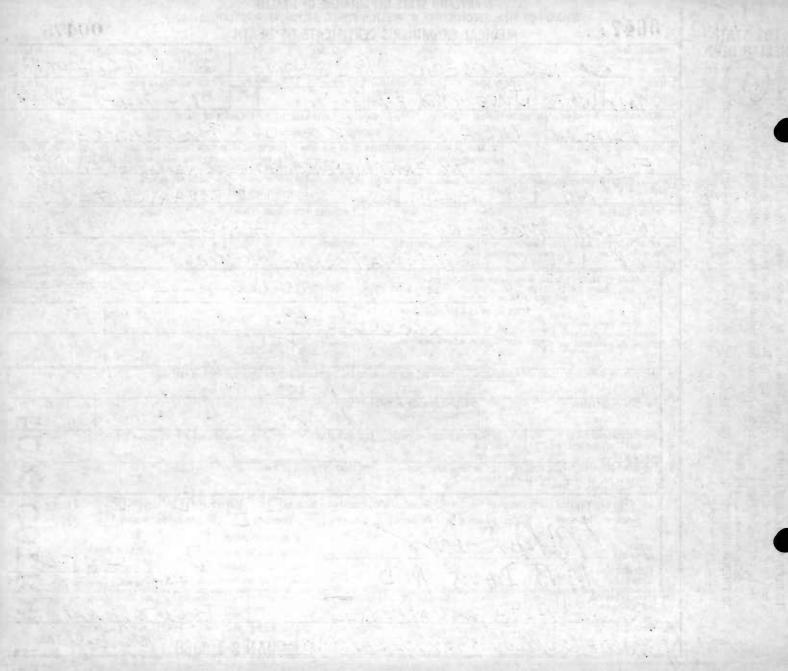
CELTYPE D The second second second second second second Markett State Control 

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00475 00473 CERTIFICATE OF DEATH 2a. DATE OF DEATH DECEASED-NAME First Middle Lost 2b. HOUR requires that the death certificate be executed within 24 hours ofter death (Type or print) Lillian Edith McCaulev Month 7 29 Year GA 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IE HINDER 1 YEAR IF LINDER 24 HRS 7/26/79 last birthdoy) MONTHS White Female transit permit. Then pleose remove corbon papers. (Pog cremotion, or removol, and in ony event, within 72 hobs 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIEO NEVER MARRIEO . ⊆ Maryland U.S.A. Baltimore WIDOWED X DIVORCED [ completely filled 12a. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street address)
Augsburg Lutheran Home during most of working life, even if retired.) Rural Baltimore Housewife 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 1/3c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY 4203 Sprinodale Ave. Baltimore YESKI XelfibilitieX 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First Middle Last Last John Suman Emelie Evans 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes no, or unknown) (If yes give war or dates of service) 218-54-3998 Paul A. Hauer 6811 Campfield Road 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed by the attendii burial-transit permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Page 4 may be retained by the hospital or ottending physician. burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) **D FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detoched for use os the should be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 1903DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY -21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.O. No. 21d. INJURY OCCURRED City or Town County Stote While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from fund saw the deceased alive an 196 ond that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (I) (via) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) nam NAME OF CEMETERY 23d. LOCATION (City or Lown) BURIAL CREMATION 23b. DATE OR CREMATORY (County) 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATE FEB 30M REV. 1/68

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(11)		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0.0 419/5
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00475
HEALTH DEPT.		ECEASED-NAME First Middle Lost Zo. DATE KNOWN D Month	Doy Yeor 2b. HOUR
× 2 € €	(	Type or Print) TAMES JOSEPH MCCRORY DEATH MATED V-	24 de8 1/3m
Poge is	3. S	EX 14. RACE S. DATE OF BIRTH 16. AGE (In years IF UNDER 1 YEAR ) IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
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after death any 8. Give Pages 1, 2, along with farm P. with the State Departies.		ESSEX 700 ARNCLIFFE KO RETIRED COREMAKER	FOUNDRY
s after 18. Gi alang 2 with death.		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
2 wi	0	dmission) STATE MY 13b. COUNTY BALTO, ESSEX YES NO 12 700 ARNOLI	FFE Rd
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24 hours in Item 1 r's Office es land 2 rs after d		WILLIAM MICRORY HANNAH	CLARK
hin 24 ncil in niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
vithi penc amir e po e po	()	(es, no, or unknown) (If yes give wor or dates of service) 218-18-58884 Thomas Mc CRORV S	AME
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no a ± ±	75	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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te, writte, writter, farwar farwar remava	ATIC	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his certificate, writing the farwar be used be used to remay a	CERTIFICATION	WAS PERFORMED?	YES NO
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INER: T le certific shauld b files. 3 shauld natian, ar	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
INER shaul files. 3 sha natian	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
EXAMINER: cute the certificate 4 shauld ryour files. Page 3 shauld tryour files.		WHILE NOT WHILE foctory, office building, etc.)	
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y, ple eral dii		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220. DATE	SIGNED - 18
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To DEPUTY SICAL EN necessary, please execute the funeral directar. Page 5 may be retained far O FUNERAL DIRECTOR: Health priar to burial.		NAME (Type) // 19. DAVIS // D ADDRESS(Street, city, town, or county 6800 HORN.	INGTON KD. MD
Ortano	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMETERY OR CRE	(County) (Stote)
		RURIAL 1-21-1968 CAINEGRAL SALION	194
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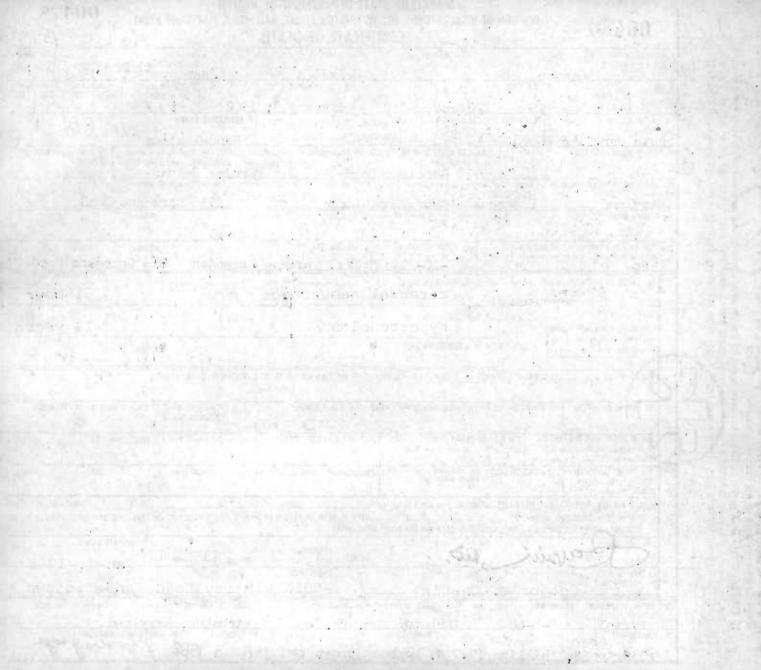
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2d 00477 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR IOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give neorest town) YRS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? NO R YES 3. NAME OF Middle DATE Year DECEASED OF DEATH cremotion, or removol, and in any event, (Type or print) 19 ATTENDING PHYSICIAN: The low requires that the death certificate be executeg IF UNDER 24 HR DATE OF BIRTH 7. MARRIED NEVER MARRIED remove lost bighday) Haurs WIDOWED DIVORCED and 10a. USUAL OCCUPATION (Give kind of wark dane JOb. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT physicion o COUNTRY? BALTIMORE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT (Yes, na, or unknown) (If yes give war or dates of service MARY MRS. ILSON APT. 4G 18. CAUSE OF DEATH (Enter only one cause per line for (s), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) INTERVAL BETWEEN rincore nos been signed by the 1 for use os the burial-transit p 1 Health prior to buriol, cremotio **10 HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 moy be retained by the hospitol or ottending physicion. DUE TO Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH Stote Dept. of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Yeor (City or town) (County) (State) Not While Hour a.m. factory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased fram director, poge 3 should should be filed with the saw the deceased olive on... and that death occurred of from causes and on the date stated above. SCHATURE 22a. DIRECTOR M.D. PHYS. 22d. ADDRESS 23a. BURIAL, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) ATHEDRAI THORE 24, FUNERAL DIRECTOR 250. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE SON VR A15 (4) 25M 1/67 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH 00478 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00460 CERTIFICATE OF DEATH and 2 1. DECEASED-NAME Middle Last 2n DATE OF DEATH 2h HOUR death. deuth (Type or print) Month Gadson McFadden January 3. SEX 4. RACE 6. AGE (In years last birthday) S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. requires that the death certificate be executed within 24 hours after HOURS 1902 Colored January 3 Male hours 7o. 8IRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED signed by the attending physician and campletely filled in (burial-transit permit. Then please remave carban papers. burial, crematian, ar remaval, and in any event, within 72 h DIVORCED [ WIDOWED [ South Carolina Randallstown USA Md. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast af warking life, even if retired.)

Furnice Helper give street address) INDUSTRY 3718 Corodano Road 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b COUNTY Randallstown admission) STATE
Maryland YEST NO T Baltimore 3718 Corodano Road 14. FATHER'S NAME First Middle last 15 MOTHER'S MAIDEN NAME First Middle Lost Samuel Warren McFadden Ida 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 3218 Corodano Road Mrs. Corinne McFadden 212-10-1343 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY cerebral hemorrhage hour IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF hypertension Canditions, if ony, which gave ) vears rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar ta has been ATTENDING PHYSICIAN: The law 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [ NO [ Page 4 may be retained by the hospital ar O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. Na. City or Town County State While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased fram\_ . ta that (1) and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an\_\_\_\_ causes stated abave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNAT RE 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR PHYS. 1968 22e. ADDRESS PHYSICIAN'S 22d. NAME (Type) 8811 Liberty Road Randallstown Feodor Caquin 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) Arbutus Mem. Arbutus. Maryland Burial 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE vollares 30M REV. 1/68 Arlington S. Phillips 1727 N. Monroe Street DATE JAN



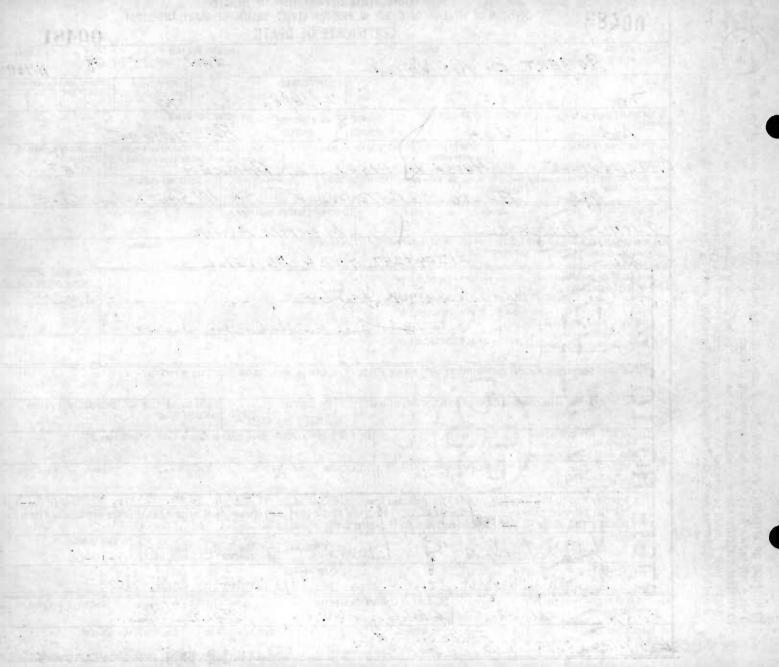
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00479 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH burial-transit permit. Then please remave carban papers. Pages 1 and 2 burial, cremation, ar removal, and in any event, within 72 haurs after death pup January Do (Type or print) Esther McKeon Tracev 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years attending physician and campletely filled in by the formit. Then please remave carban papers. Pages 1922 White Sept. 30. Female requires that the death certificate be executed within 24 haurs 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Baltimore Co. Maryland U.S.A. WIDOWED | DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Housewife give street oddress) INDUSTRY Reisterstown Reisterstown Berrymans Lane
130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE
Maryland 13b. COUNTY Bal timore Reisterstown NO 🗍 Berrymans Lane 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME First Middle Last Wilbert Mary Ruby H. Tracey Berryman's Lene Reisterstown, Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) Yes, na, or unknown) 217-16-7338 Joseph McKeon 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia BETWEEN ONSET AND DEATH signed by the attendir burial-transit permit. 18 hrs DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) 7 months (b) Carcinoma rectum rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 190, DATE OF OPERATION CALISES OF DEATH? Jul. 24:67 Sigmoid colostomy YES 🗍 NO TO FUNERAL DIRECTOR: After this certificate irectar, page 3 shauld be detached far us 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF OFATH
(If either, notify medical examiner) HOUR A.M. Month Doy Year P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from April 2, 1963, talan.31, 1968, that (I) (we) last saw the deceased alive an Jan.31 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR Martin E. Strobel 2-1-68 DEGREE 22. ADDRESS 59 Hanover Road, Reis terstown, Md. 22d. PHYSICIAN'S NAME (Type) Martin E. Strobel, M.D. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a, BURIAL, CREMATION, REMOVAL (Specify) Feb. 3, 1968 Forest Baptist Ch. Cem. Foreston, Balto., Md.

ADDRESS

250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
250. REC'D BY REC'D BY REGISTRAR'S SIGNATURE
250. REC'D BY REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) DATEFEB 2 1968 Owings Mills, Md. 30M REV. 1/68

25.T-00 Send, If were all the month of the trainer Temals Valte Vales 1922 16 M. result and the second s Colobert Com Company and Company Long Compan have and the trace of the section of violati jit isadili ydm? CONTRACTOR OF THE PROPERTY AND STATE OF THE States of the second of the se The state of the s Mark the state of the proof of the latest the state of the 

				ND STATE DEPARTMENT				
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+70				CERTIFICATE OF DEA			0048	
in 24 hours after feath. filled in by the furnial papers. Pages 1 and 2 hin 72 hours after death.	1. DI (1	CEASED-NAME First ype or print) ROBER	T B. MENE	Last	2a. DATE OF DEATH	anth & Day	68Year	2b. HOUR
fund s 1	3. SE	X	4. RACE	S. DATE OF BIRTH	6. AG			F UNDER 24 HRS. HOURS MIN.
s af the age rs af		m	W	2/16/8	4	YKS.	JAI JAI J	mint.
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after estained by the haspital ar attending physician.  CTOR: After this certificate has been signed by the attending physician and campletely filled in by the fushauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages I ith the State Dept. af Health prior to burial, crematian, or remaval, and in any event, within 72 hours after	7a. I	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED MEVER MARRIED	9. COUNTY OF DEATH	ſ		
hin 24 ho filled in papers. thin 72 h		Md	USA	WIDOWED DIVORCED	10.1.1.1	MORE		Md.
ely fille	0	TONGUILLE	give street address)	NSTITUTION (If nat in hospital dur	n. USUAL OCCUPATION (Kind or ring mast af warking life, ev	ren if retired.)	12b. KIND OF BUINDUSTRY	ISINESS OR
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remave any ev	14.	ATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN N	IAME First	Middle	102 010	Last
and in an		THOMAS MC	VEILL	MARTH				
D FUNEKAL DIRECTOR: After this certificate has been signed by the affending physician and camplefiely director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban shauld be filed with the State Dept. af Health prior to burial, crematian, or remaval, and in any event, with the state Dept.	16a.	WAS DECEASED EVER IN U.S. ARM		NO. 17. INFORMANT	CNEILL	Address		Loss
Then		18. CAUSE OF DEATH (Enter on	ly ane cause per line far (a), (b), and (c				APPROXIMAT BETWEEN ONSE	TE INTERVAL ET AND DEATH
r re		PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a) Paralys				144	1
attending permit. Th ian, or rem		4129	DUE TO, OR AS A CONSEQUENCE OF				1	
signed by the burial-transit p burial, crematic		Conditions, if any, which gave	(b) Outerox	clarater condin	vascular de	Succe		
signed by the burial-transit burial, cremal		rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF					
Ö		last.	(c)					
to bur	2	PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEA:	SE ORCONDITION GIVEN IN PA	RT 1(a)		
prior	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P		CAUSES OF DE	PERE FINDINGS CON ATH?	NSIDERED IN CERT	TIFYING
2	ERT	21a. ACCIDENT WAS UNDERLYIN	IG 21b. TIME OF INJURY	YES	NO CAUSES OF DE	net 1 or Port 2 Ite	nm 181	
5	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. Manth Day Yea ner) P.M.	r 19	1000000			
	W	While Nat while at wark		ACTORY.) 21f. LOCATION Street or R.F.			Caunty	State
Stat	4	22a. I certify that (I) (th	is hospital) attended the decea	sed fram March 2,	19 60 , ta Jan	. 0 , 19_	60 , that (	I) (we) last
the		saw the deceased a causes stated abave	live an (did) (did nat) view the	1965, and that in (my) (ou bady after death.	t) apinian death occurr	ed an the date	e and haur ar	id fram the
3 sh With		22b. SIGNATURE	4.000	LEDOEGREE ATTENDING PHYS.	MED. STAF	E	ATE SIGNED -10-68	
die		22d. PHYSICIAN'S	· Vocato-ray	22e. ADDRESS	E DIKECTOK - PHIZ		-TO-00	-
TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the Stauld be filed with the State Dept. af Health prior to		NAME (Nype) John	A. Nesbitt, Jr., M	.D. 1009	Frederick Ro	ad, 2122	8	
O age	23a.	BURIAL, CREMATION, 23b.		F CEMETERY OR CREMATORY	23d. LOCATION (City		(Caunty)	(State)
Tr	24	REMOVAL (Specify) FUNERAL DIRECTOR	ADDRES	SON PARK		Sb. REGISTRAR'S SI	IGNATURE	
18	1-	. S. MAUNARIA	301 FREDERICK	DATE	A A A A A A A A A A A A A A A A A A A	O CONTRACTOR	20 0	2
		11/0/3	~ 12-28	DAIL	14 N 1 9 40C	2 Ville	Well you	See all



	1	0000		STATE DEPARTMENT OF		
		00484		301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	00482
				ERTIFICATE OF DEATH		
		ECEASED-NAME First ype or print)	Middle	lost	2a. DATE OF DEATH  Month Day	Yeor 2b. HOUR
	0.00	Lillie Lillie		Meeks	January 10.	1968 6 A, M
	3. SI	χ. •-	4. RACE	S. DATE OF BIRTH		MONTHS DAYS HOURS MIN.
	7-	INTERNACE (C	b. CITIZEN OF WHAT COUNTRY?	12/13/1882	9. COUNTY OF DEATH	
		·tail		8. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED		
	10. (	Baltimore, Md	11. NAME OF HOSPITAL OR INST		Baltimore AL OCCUPATION (Kind of work done	Md. 12b. KIND OF BUSINESS OR
)		Towson	give street oddress) Chesapeake N	lanor N. H. during m	ost of working life, even if retired.)	INDUSTRY Own Home
	13o.	USUAL RESIDENCE (Where deceosed ission) STATE	lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY L	IMITS? 13e. STREET AND NUMBER	+,
	_	Md.		Ballimore X	□ Ambassador Ax	us.
1	14.	FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME F		Lost
-		Robert C.		Ell		Rand
		'es, no, or unknown) (If yes give war	or dates of service)		Address	
	-	No	220-24-262		usch, 6313 Mosswa	APPROXIMATE INTERVAL
		18. CAUSE OF DEATH (Enter only	one cause per line far (a), (b), ond (c).)  3Y:			BETWEEN DISET AND DEATH
		157 C IMMEDIATE	CAUSE (o)	OMATOSIS		2 MOS
20 30 4		Conditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF	2 2 72600	16	2
		rise to immediate cause (a).	DUE TO, OR AS A CONSEQUENCE OF	MA OF PANCRE.	14.2	,
		stating the underlying couse	DUE TO, OK AS A CONSEQUENCE OF			
		_	TIONS CONTRIBUTING TO DEATH BUT NO	IT RELATED TO THE TERMINAL DISEASE OR (	CONDITION GIVEN IN PART 1(a)	
		157X				
1	CERTIFICATION	19a. DAJE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS PER	FORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
L	IEI OH	NOV. 2,1967 1	EXPLORATORY	YES NO 🔀	CAUSES OF DEATH?	
		21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		r nature of injury in Part 1 ar Part 2, II	tem 18.)
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Yeor	_		
	MEI	214 INTITIPY OCCUPPED 21a DI	ACE OF INJURY (AT HOME, FARM, STREET, FACT		. City ar Tawn	Caunty State
		at work of wark				
		22a. I certify that (1) (this	hospital) ottended the decease	d from APRIL , 1928, and that in (my) ( <del>our)</del> op	9 , to JANAG 10, 19	thot (1) (we) last
		saw the deceased aliv	(I) (we) (did) (did nat) view the b	oody ofter death.	inian death occurred on the do	te ond hour and from the
	1	22b. SIGNATURE	(1) (1) (and (and flat) view file t		22c. D	ATE SIGNED
1		>0/	2. Voses	DEGREE PHYS.	AED CTAEC	N. 11, 1968
		22d. PHYSICIAN'S		22e. ADDRESS		
	. ,	NAME (Type) DA	. John Scott	600 0	1. Belvedere Ave.	
j	23a	BURIAL, CREMATION, 23b. DA	TE 23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION (City ar Tawn)	(County) (State)
		Burial 1/1	2/68 Lorre	aine Park	Woodlawn, Bali	to.Co. Md.
0	24	REMOVAL (Specify) REMOVAL (Specify) FUNERAL DIRECTOR W. Jenkins & S	ons Co. 4905 Ports	NO COLO	BY REGISTRAP 368 25b. REDISTRAP'S	SENATURE
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH 00486 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00484 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2g. DATE OF DEATH 2b. HOUR Month (Type or print) William MELOON Henry 6:00pM Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the fur director, page 3 should be detoched for use os the burial-tronsit permit. Then please remove carbon popers. Pages 1 should be detoched for use os the burial-tronsit permit. Then please remove carbon popers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 haurs after 1. 4 PACE S. DATE OF BIRTH JE LINDER 1 YEAR IF UNDER 24 HRS 3. SEX 6. AGE (In years MONTHS DAYS HOURS Male White last birthday) 6/10/23 requires that the death certificate be executed within 24 haurs 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) U.S.A. WIDOWED | DIVORCED [ Maryland Baltimore 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during mast af warking life, even if retired.)

Dependent give street address) INDUSTRY Owings Mills Rosewood none 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Maryland 13b. COUNTY YES 🗔 NO T 341 East Chase Street Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle First Middle HASENBAUGH Helen MELOON James 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na. ar unknawn) (If yes give war or dates of service) Rosew@od Records, Owings Mills, Md. 21117 none 18. CAUSE OF DEATH (Enter anly one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) LYMINE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) orevee thaly 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | NO | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn State County While Not while at wark 22a. I certify that (\* (this haspital) attended the deceased fram 6/25 , 1931 , ta 1/1 , 1968 , that \* (we) last saw the deceased alive an 1968, and that in (pay) (our) opinion deoth occurred an the date and hour ond from the causes stated abave, (\* (we) (dif) (maket) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF 1/2/68 DEGREE PHYS DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Rosewood State Hospital, Owings Mills, Md Richard A. Jones, M.D. 23a. BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (City or Tawn 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (Stote) Owings Mills. emetery Rosewood ( 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR Eline & Sons Reisterstown, Md. 30M REV. 1/6 DATEJAN 1968 Musikas

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3	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
7-100	CERTIFICATE OF DEATH 00487
EXPERIE	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
one death	(Type or print) Tohn # D. Ga lius Michel Mogth 195 68 32
1 5	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years I FUNDER 1 YEAR I IF UNDER 24 HR
y the fur Pages U	W 2/18/98 last-birthday) YRS. MONTHS DAYS HOURS MIL
haurs of the haurs of	7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
d in Pers. 72 h	COUNTY Baltimore Co. WIDOWED DIVORCED   MANY Baltimore Co.
in 24 ifilled in paper him 72	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working most of work done libbustry)  12. LISUAL OCCUPATION (Kind of work done during most of working most o
bon bon with	palte, Mai Greater Palls Ned. Centh Ware Couseman
car	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN admission) STATE 13b. COUNTS attended to 13b. COUNTS attended to 13b. COUNTS attended to 13c CITY LIMITS?  13d. INSIDE CITY LIMITS?  YES NO D 3 433 Old Frederick Put
e execute and camp remave in any eve	14. FATHER'S NAME First Middle Lost
be nam	Frank & Michael Tolisabeth Di Daymore
ertificate b physician nen please naval, and i	16b. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no, or unknown) (If yes give war or doles of service)  16b. SOCIAL SECURITY NO.  17. INFORMANT  Pt's chart & history
tiffic shys	No 212-03-6068 Pt S Chart & History
ng p The	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
eath indii nit. or re	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) Extensive nuclastasis h the
e de da atte	16 L) DUE TO, OR AS A CONSEQUENCE OF Lymph nodes
the the nati	Conditions, if ony, which gave (b).
tha an. by ran	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
equires that the death ce physician. signed by the attending burial-transit permit. The burial, cremation, ar remi	
the law requires the attending physician. has been signed by se as the burial-traith prior to burial, cre	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
The law re attending has been se as the the the prior to the	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO 2  20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
: The property of the control of the post	YES NO A CAUSES OF DEATH?
AN: The	
Pital Pital of H	G (If either, notify medical exominer)  P.M. 19  24 INDIRECTOR OF INDIRE
JING PHYSICIAN by the haspital ffer this certifica be detached fan State Dept. of He	ZIG. HOURT OCCURRED IZIE. I DACE OF HIDORI TO STORE OF RELEGION SHOOL OF THE RELEGION SHOULD SHOOL OF THE RELEGION SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOUL
DING PHYS by the has tyter this ce be detache State Dept.	at work of work
by the fatter per State	220. I certify that (1) (this hospital Dattended the deceased from 200. 3 19 68, to 400. 15, 19 68, that (1) (we)
ed led lide she she	sow the deceosed olive on 15 19 68, and that in (my) our opinion death occurred on the date and hour and from t couses stated above, (I) (we) (did) (did not) view the body after death.
ATTEI etaine CTOR: shaul	22b. SIGNATURE 22c. DATE SIGNED
L OR ATTENDING PHYSICIAN: be retained by the haspital or DIRECTOR: After this certificate ge 3 should be detached far u iled with the State Dept. of Heal	Lilia l'Baldon ado DEGREE PHYS.   MED. STAFF   1-15-68
AL C	224 PHYSICIAN'S 22e ADDRESS
TO HOSPITAL OR ATTENI Page 4 may be retained for FUNERAL DIRECTOR: A director, page 3 should should be filed with the	NAME (Type) LILIX C-BALDONADO GBMC-6701N. Charles ST. Balto.
HOS ge 4 FUN recto	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
0g 0 g &	Buriel Jan. 18, 1968 New Cathedral Cem. Balto. Md.
VR A15 (4)	24. FUNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR 250, REGISTRAR'S SIGNATURE
30M REV. 1/68	G. Truman Schwab 3512 Frederick Ave. Balto. Md. MAN 18 1969 Oliman Carta

MARYLAND STATE DEPARTMENT OF HEALTH 00430 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00488 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost First 2o. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death. (Type or print) CHARLES ARTHUR MILLER. Sr 68 4:10PM 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years **1F UNDER 1 YEAR** IF UNDER 24 HRS. 10 DAYS lost birthday) 10/20/1883 Male Cau. hauk 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED signed by the attending physician and campletely filled in burial-transit permit. Then please remave carban papers. burial, crematian, ar remaval, and in any event, within 72 h Baltimore Baltimore .Md. U.S.A. WIDOWED [ DIVORCED [ campletely filled in nave carban paper 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR | during most of working life, even if retired.) | INDUSTRY | Greater Balto. Med. Center Retired - Proprietor Henry Miller | Institution: Residence before | 13c. CITY OR TOWN | 13d. INSIDE CITY LIMITS? | 13e. STREET AND NUMBER | and Sons Towson . 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 113c. CITY OR TOWN odmission) STATE 13b. COUNTY Luthervin NOIX Nightingale Way Baltimore 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle First Middle Henry Miller Elizabeth Pflug 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) I (If yes give war or dates of service) (Same) Mrs. Bertha E. Miller 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (6) Aspiration pneumonia DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ? (b) Arteriosclerotic cardiovascular disease rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the directar, page 3 should be detached far use as the should be filed with the State Dept. of Health priar to TO HOSPITAL OR ATTENDING PHYSICIAN: The law 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES X NO 🗍 Yes 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram 1/5, 19.68, ta 1/8, 19.68, that (I) (we) last saw the deceased alive an 1/8 19.68, and that in (my) (aur) apinian death occurred an the date and haur and fram the , 19 68 , that (I) (we) last causes stoted above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING 1/9/68 DEGREE DIRECTOR L PHYS. 22e. ADDRESS 22d. PHYSICAN'S NAMZ (Type) John E. Adams, M.D. Greater Baltimore Medical Center 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE (County) (Stote) REMOVAL (Specify) Lorraine Park Woodlawn . Balto Co. Md. Road 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR & Sons H.W. Jenkins Menulas Jugar RIAN 10

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00489DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) Year 68 HARRY MILTER M. :15AM pers. Pages 1-4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 6. AGE (In years last bighday) DAYS HOURS 7/19/99 WHITE MALE executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED .⊑ country) DIVORCED X WIDOWED [ event, within 72 U.S.A. BALTIMORE COUNTY, filled i MARYLAND 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.)
MECHANIC AUTOMOTIVE remove corban VET. ADM. HOSPITAL FORT HOWARD 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admissian) STATE 3722 OAKMONT AVENUE BALTIMORE MARYLANT burial, cremation, or removol, and in any 14. FATHER'S NAME Middle First Middle Last 15. MOTHER'S MAIDEN NAME First puo requires that the death certificate be **EMMA** JOHN R. MILLER THOMAS 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) 217 05 72 16 WW I CLIN. RECORDS. VA HOSPITAL, FT HOWARD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA HEAD OF PANCREAS WITH METASTASES DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Canditians, if any, which gave ) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been s se as the t th prior to b ARTERIOSCLEROTIC HEART DISEASE AND BRONCHOPNEUMONIA 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T NO [ O FUNERAL DIRECTOR: After this certificate ha director, page 3 shauld be detached for use should be filed with the State Dept. of Health p. 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 4 moy be retoined by the hospital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Nat while at wark 22a. I certify that the (this hospital) attended the deceased from 1/6/68 saw the deceased alive an 1/17/68 19 , and that in the , to 1/17/60 19 and that in (COV) (our) opinian death accurred on the date and have and fram the causes stoted obove, (we) (did) ( we) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING 1/17/68 DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) VAH FORT HOWARD. MARYIAND JOHN D. TALBERT. M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) 23a. BURIAL, CREMATION BURIAL (Specify) BALTIMORE NATIONAL BALTIMORE, MARYLAND 25b. REGISTRAP'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A Ellsworth ARMACOST FUNERAL HOME 30M REV LIBERTY HEIGHTS AVE. BALTIMORE, MD.

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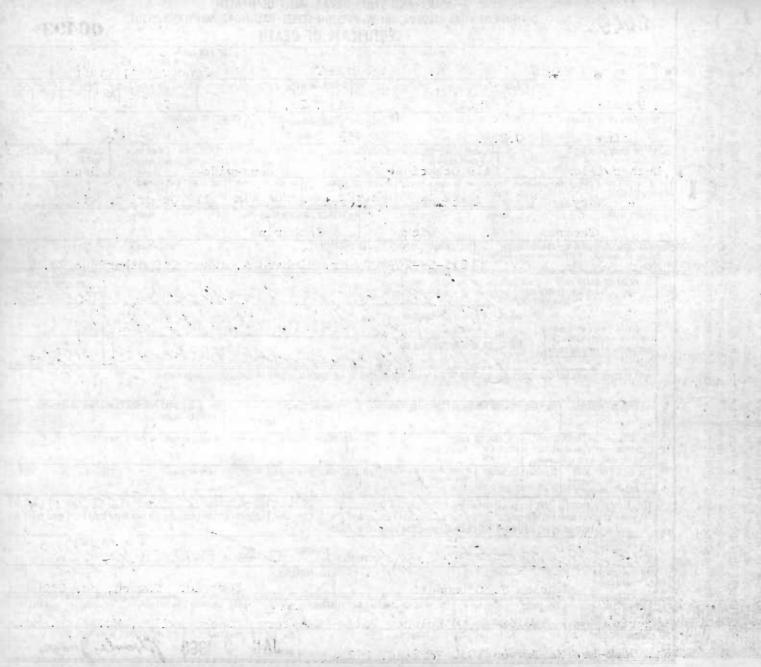
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06455 00493 CERTIFICATE OF DEATH First DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) Month 1968 HAZEL G. MONET January hin 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years requires that the death certificate be executed within 24 hours after IF UNDER 1 YEAR IF UNOER 24 HRS. physicion and completely filled in by the feet please remove carbon papers. Pages last birthday) Female White Aug. 29, 1889 78 YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) U.S.A. WIDOWED T DIVORCED [ Maine Baltimore 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Housewife give street address) **INDUSTRY** Lutherville 119 Othoridge Road None event 30. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES NO J attending physicion una narmit. Then please remove 119 Othoridge Rd. Baltimore Lutherville Marvland burial, cremation, or removal, and in any 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost Thomas W. Dick Katherine 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na, ar unknawn) No (If yes give war or dates of service) 215-54-2094 Mr. Richard A. Adams 119 Othoridge Rd 1B. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) permit. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) burial-tronsit rise to immediate couse (a), DUE TO, OR AS A PONSPOUENCE OF Poge 4 may be retained by the hospital or attending physician. stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detoched for use as the Should be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO T YES 🔲 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. Na. City or Town County State While Not while at wark 22a. I certify that (1) (this haspital) ottended the deceased from 130 1967, and that in (my) (our) apinian death accorred an the date and have and from the saw the deceased alive an\_\_\_\_ causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c, DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYS PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Charles F. O"Donnell York Rd. Towson. 21204 Md. 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify)
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		00499 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CERTIFICATE OF DEATH	
		ECEASED-NAME Type or print) ELIZABETH LEE MOYLAN 20. DATE OF DEATH Month / Doy 13 16968 4	HOUR H
	3. SE	S. DATE OF BIRTH  7. 23. 1932.  6. AGE (In yours   IF UNDER 1 YEAR   IF UND MONTHS DAYS HOURS  VRS.	DER 24 HRS.
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4	14. F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Los	R
		. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)  Address Records, Mt. Wilson State Hospital	
ı		18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).)  APPROXIMATE INT.  GETWEIN ONSET AND	ERVAL
		PART I. DEATH WAS CAUSED BY:	O. D.
	3	1492 DUE TO, OR AS A CONSEQUENCE OF	ac y
	Н	Conditions, if ony, which gove	
		rise to immediate couse (a).  Stating the underlying couse  DUE TO, OR AS A CONSEQUENCE OF	
		stoting the underlying couse (c)	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	-,	3 7 7 /	
,	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYII	NG
	TIFIC	YES NO CAUSES OF DEATH?	
-		21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M.	
		21d. INJURY OCCURRED While Not while of work A work of the work of the work of the work of work of the	Stote
			we) last
		22a. I certify that (I) (this haspital) attended the deceased fram 1 2 4 , 19.67 , ta 1, 19.68 , that (I) (saw the deceased alive an 19.68 , and that in (my) (aur) apinian death accurred an the date and haur and fractions stated above, (I) (we) (did) (did nat) view the bady after death.	ram the
	н		
3		ATTENDING MED. STAFF CI 1 22 / G /	8
		224 PHYSICIAN'S	0
		NAME (Type) William Newcomer, M.D. Mount Wilson, Maryland	
1	23o.		ote)
1	1	BURIAL (Specify) BURIAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Sto Burial Cemetery Baltimore, Maryland	
V	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	10
9	Ho	oward H. Hubbard, 4107 Wilkens Ave. 21229 DATE JAN 16 1968 followers Judge	•

QU499 And the south of the property of the south o man fight is a second without the second 

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00500 00498 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR (Type or print) Month Susan MURPHY Mary January burial-tronsit permit. Then please remove carbon popers. Pages 1 burial, cremation, or removal, and in any event, within 72 haurs after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. last birthday) MONTHS I DAYS HOURS March 27, 1929 Female White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED 🔂 NEVER MARRIED 🗍 country) U.S.A. Baltimore WIDOWED [ DIVORCED | Maryland ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Towson completely ST. JOSEPH HOSPITAL Homemaker 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN requires that the death certificate be executed deryland 13b. COUNTY YES NO 🗌 2611 Wentworth Rd. Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle First Last Edna Evans Somers Lorenzo 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no, or unknown) (If yes give war or dates of service) Mr Raymond J. Murphy 2611 Weatworth Road 218-19-6083 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed by the ottendii burial-tronsit permit. Renal insufficiency IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) (b) polycystic kidneys rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 1 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO 🗌 TO HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 may be retained by the hospitol or 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH
(If either, natify medical examiner) HOUR A.M. Month Doy Yeor ( AT HOME, FARM, STREET, FACTORY, ) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from 1/24/ , 19 68 , ta 1/24/ , 19 68 , that (I) (we) last saw the deceased aftire and 1/24/ 19 68 , and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR STAFF PHYS. **ATTENDING** 50 January 24, 1968 DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS Reynaldo Orjuela-Gomez, M.D. 7620 York Rd., Towson, Md. 21204 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, (Stote) (County) REMOVAL (Specify) Co. Md. Baltimore 1-27-1968 emorial Cem. Moreland R 1968 REGISTRAR'S SIGNATURE DATE JAN 29 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) altome 7 4 Di Belan Roa

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